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U.S. Department
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**National Highway
Traffic Safety
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If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

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DYNAMIC SCIENCE, INC.
In-Depth Accident Investigation

Contract DTNH22-94-A-07049
Case DSI-94-AB-01

[redacted], 1994

TECHNICAL SUMMARY

CONTRACTOR: Dynamic Science, Inc.
CONTRACT NUMBER: DTNH22-94-A-07049
CASE NUMBER: Case DSI-94-AB-01

[redacted]

Vehicle 1, a 1991 Ford Taurus LX four-door, was being driven west in the westbound travel lane of a three-lane, undivided, urban/residential roadway during the morning hours of a winter weekday in [redacted] Maryland. The roadway surface was completely covered with "glare" ice and had not been sanded or salted.

Vehicle 1 was traveling at a speed estimated to have been between 48 and 56 KPH (30 and 35 MPH) as it crested a hill and began the descent of a long 6% downgrade. The driver applied, and locked, the vehicle's brakes causing a forward skid that veered right across the roadway's north shoulder.

The vehicle then crossed a 15 cm (6 in) raised concrete curb and impacted a wood utility pole in a head-on configuration. The Delta V for this impact, computed using CRASH III PC, was 39.8 KPH (24.7 MPH) using a CDC of 12FZEW3 and a PDOF of 355 degrees. The combined direct and induced damage width was 155 cm (61 in). The maximum crush depth was 65 cm (25.6 in) at C_4. At impact with the utility pole, the forces involved exceeded the manufacturer's threshold in the driver's side supplemental restraint system and the airbag deployed.

Vehicle 1 rotated clockwise approximately 100 degrees after impact and came to final rest facing North with the rear wheels in the westbound travel lane.

The driver of Vehicle 1 sustained major injuries consisting of fractures, lacerations and abrasions; maximum AIS = AIS-3. Extrication procedures were not required, but the driver was assisted from the vehicle due to her injuries. The driver was transported by land to a regional trauma center where she was admitted for treatment. Vehicle 1 was towed from the scene due to damage sustained in this crash.

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The opinions, findings, and conclusions expressed in this publication are those of the authors and not necessarily those of the National Highway Traffic Safety Administration.

The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

DYNAMIC SCIENCE, INC.
ACCIDENT INVESTIGATION
CASE NUMBER: DSI-94-AB-01

TABLE OF CONTENTS

Dynamic Science, Inc.
In-Depth Investigation
Case Number: DSI-94-AB-01

ACCIDENT DATA:

Location:	[redacted] Maryland
Area/Type:	Urban/Residential
Date/Time:	Winter/Morning
Accident Type:	Car/fixed object - ran off road

INJURY SEVERITY:

Vehicle 1:	Driver (case occupant) - AIS-3

AMBIENCE:

Viewing Conditions:	No viewing restrictions
Cloud Cover:	Clear
Precipitation:	None
Temperature:	-12° to -9° C (10° to 15° F)
Road Surface:	Ice covered

ROADWAY:

	VEHICLE 1
Type:	3-lane, undivided
Width:	14.3 m (47 ft)
Traffic Density:	Light
Median:	None
Edge:	2.4 m (8 ft) asphalt paved shoulder with a 15 cm (6 in) raised concrete curb
Surface:	Asphalt
Reported Defects:	None
Co-efficient of Friction (est.):	.10 (glare ice)
Vertical Alignment:	Negative 6% downgrade
Horizontal Alignment:	Straight

Traffic Controls:

	VEHICLE 1
Signals:	None
Signs:	None
Speed Limit:	48 KPH (30 MPH)
Markings:	Single, solid white painted line separates north shoulder from westbound travel lane. Double, solid yellow painted lines separate westbound travel lane and eastbound left turn lane. Single, broken white painted line separates eastbound left turn lane and eastbound through travel lane. Single, solid white painted line separates eastbound through travel lane and south shoulder.

VEHICLES:

	VEHICLE 1
Description:	1991 Ford Taurus LX 4-door
Odometer:	109,185 km (67,846 mi)
Engine:	V6 / 3.0 L
Vehicle Modifications:	None
Tire Condition:	Good - approximately 5/32" tread depth, no abnormal wear patterns
Manual Restraints:	3-point manual lap/shoulder restraints at L/F, R/F, L/R and R/R seating positions. 2-point manual lap restraints at C/F and C/R seating positions.
Automatic Restraints:	Driver's side supplemental restraint system (airbag)
Reported Defects:	Steering column, or steering gear box mechanism, failed during impact/airbag deployment.
Cargo:	None
Windshield Damage:	Windshield cracked by occupant contact and impact forces
Fleet:	None
Tow Status:	Towed due to damage sustained in crash

VEHICLE DAMAGE:

	VEHICLE 1				
Object Struck:	15 cm (6 in) raised concrete curb	15 cm (6 in) raised concrete curb	15 cm (6 in) raised concrete curb	15 cm (6 in) raised concrete curb	45.7 cm (18 in) wood utility pole
Event Number:	01	02	03	04	05
CDC:	12FRWN3	12FRWN9	12FLWN3	12FLWN9	12FZEW3
Maximum Crush:	---------- Not measured ----------				65 cm (25.6 in) at C_4

VEHICLE VELOCITY ESTIMATES:

	VEHICLE 1				
Impact Speed: (estimated)	48-56 KPH (30-35 MPH)	45-53 KPH (28-33 MPH)	42-50 KPH (26-31 MPH)	39-47 KPH (24-29 MPH)	35-43 KPH (22-27 MPH)
Total Delta V:					39.8 KPH (24.7 MPH)
Longitudinal Delta V:		Delta V's not computed			-39.6 KPH (-24.6 MPH)
Lateral Delta V:		Out of Scope			3.5 KPH (2.2 MPH)
Energy Dissipation:					97,083.3 J (71,595.4 Ft-lbs)

Calculations based upon: Speed Estimates: Velocity, not to a stop $= \sqrt{VO^2 + 2 \bullet a \bullet D}$

$a = f \bullet 32.2$
$S = V \div 1.466$

$VO = 44$ fp/s
$a = 3.22$
$D = 30.0$ ft
$f = .10$

Delta V = CRASH III PC, damage only

COLLISION SEQUENCE:

Pre-Crash: This single vehicle crash occurred during the morning hours of a winter weekday on a three-lane, undivided, asphalt paved roadway in [redacted], Maryland. The weather was clear - there had been an earlier ice storm - and the roadway surface was covered with "glare" ice. Visibility was good and there were no viewing restrictions. Traffic volume was light, and there is a posted 48 KPH (30 MPH) speed limit.

The north edge of the east/west roadway is a 15cm (6 in) raised concrete curb. The 2.4 m (8 ft) north shoulder is separated from the westbound travel lane by a single, solid white painted line. The westbound travel lane is separated from the eastbound left turn lane by double, solid yellow painted lines. The eastbound left turn lane is separated from the eastbound travel lane by a single, broken white painted line. The eastbound travel lane is separated from the 1.4 m (4.5 ft) south shoulder by a single, solid white painted line. The roadway is straight and there is a six percent downgrade for westbound traffic. The estimated coefficient of friction, at the time of the crash, was .10.

Vehicle 1, a 1991 Ford Taurus LX four-door, was being driven west in the westbound travel lane by the unrestrained 58 year old female driver (the case occupant) at a speed estimated to have been between 48 and 56 KPH (30 and 35 MPH). The vehicle had just passed the hill crest and was starting to descend the long six percent downgrade when the driver apparently realized her speed was too fast for the icy road conditions. The driver, applied, and locked, the brakes causing Vehicle 1 to begin a forward right veering skid.

Crash: Vehicle 1 skidded across the north shoulder and the right front wheel impacted and crossed the 15 cm (6 in) raised concrete curb, CDC 12FRWN3. The right rear wheel then struck and crossed the curb, CDC 12FRWN9. The left front and left rear wheels then struck and crossed the raised concrete curb, CDC's were 12FLWN3 and 12FLWN9 respectively. Vehicle 1 continued approximately 8.2 m (27 ft) in a westerly direction and impacted a 45.7 cm (18 in) diameter wood utility pole in a head-on configuration approximately 2.1 m (7 ft) north of the roadway's north curb line. The Delta V for this impact, computed using CRASH III PC, was 39.8 KPH (24.7 MPH) using a CDC of 12FZEW3 and a PDOF of 355 degrees. The combined direct and induced damage width was 155 cm (61 in), and the maximum crush depth was 65 cm (25.6 in) at C_4. The forces involved in the utility pole impact exceeded the manufacturer's threshold in the driver's side supplemental restraint system and the airbag deployed.

NOTE: It appears that a small amount of residual frozen snow from earlier snow removal efforts had accumulated at the raised concrete curb resulting in a ramp effect. While the "ramped" curb was sufficient to

cause minor damage to Vehicle 1's wheels, the speed loss resulting from these impacts was insufficient to cause activation of the vehicle's supplemental restraint system.

Post Crash: At impact, Vehicle 1 began a clockwise rotation of approximately 100 degrees, disengaged the pole and came to final rest facing north approximately 2.7 m (9 ft) south of POI. The rear wheels of Vehicle 1 were in the westbound travel lane and the front wheels of Vehicle 1 were in the westbound travel lane and the front wheels were on the asphalt paved north shoulder.

Occupant Kinematics: The 58 year old female driver (the case occupant), who was 170 cm (67 in) in height and weighed 86 kg (190 lb), was seated in a normal, upright seated position on a split bench seat with separate backs. The left front seat was adjusted to the forward most position and to maximum height. The driver was not wearing the available three-point manual lap/shoulder safety restraints. She had both hands on the steering wheel rim at the 11:00 and 1:00 o'clock positions. Her left foot was on the floor/toe pan and her right foot was on the brake pedal as Vehicle 1 began its forward, right veering skid.

As Vehicle 1 crossed the north curb of the roadway, the driver was braced with her back pressed into the left front seat back rest by her fully extended arms which were locked at the wrists and elbows. In addition, her left foot was braced on the floor/toe pan and her right foot was braced on the vehicle's brake pedal. She was projected to her left during the skid.

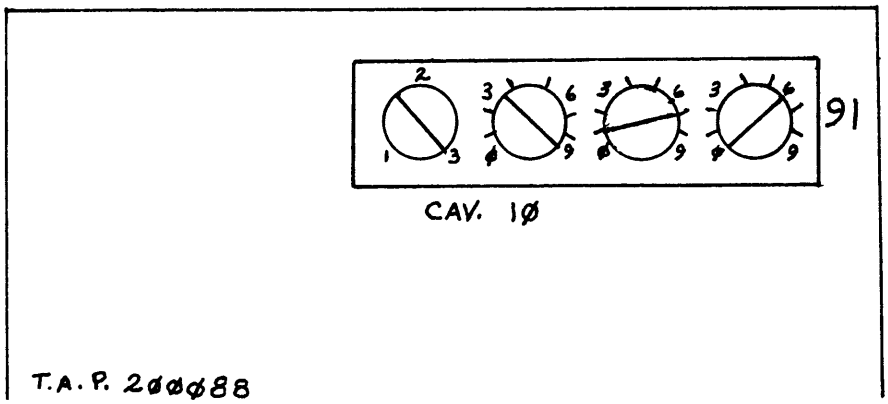
At impact with the utility pole, the driver was projected forward and upward. Her braced arms and hands pushed the upper half of the steering wheel rim forward as the airbag deployed. The driver sustained abrasions of the left and right forearms as her hands were projected from the deformed steering wheel rim. At the same time, the driver's face contacted the airbag resulting in an abrasion to her chin. The driver continued forward, upward and to the left, overriding the airbag and her head contacted the left sun visor and the windshield. No reported injury was sustained in this contact, but the visor was deformed and the windshield sustained a "spider-web" crack in the upper left sector.

As the driver was projected forward and upward her braced left knee impacted the left lower instrument panel resulting in a left femur-neck fracture, a left tibial plateau fracture and a laceration of the left knee (see photos 35 and 36). Her right knee impacted the lower instrument panel to the right of the steering column resulting in a 12 cm laceration. It appears that as she rotated upward on her right foot, and it flexed, she sustained an axial load that resulted in an open fracture and dislocation of the right bimalleolus, and an open fracture of the right talus (astragalus).

Supplemental Restraint System:

The case vehicle was equipped with a driver's side supplemental restraint system and the airbag deployed as a result of a frontal impact with a 45.7 cm (18 in) diameter wood utility pole. The airbag module was manufactured by TRW. There were no markings on the airbag fabric, but the top module flap had the following marks:

Top of Steering Wheel



The airbag was not damaged during the crash sequence and did not yield evidence of occupant contact. The bag measured approximately 60 cm (23.5 in) in diameter in its deflated, post-crash state. The airbag was vented by two ports located on the back side of the bag (away from the driver). The 2.5 cm (1 in) diameter ports were located at the 10:30 and 1:30 o'clock positions. The bag contained an internal tether strap affixed to a 19 cm (7.5 in) diameter reinforcement sewn to the center of the bag.

At the time of Dynamic Science's on-site inspection that occurred 11 days post-crash, the airbag contained six vertical fold creases and four faint horizontal fold creases. The fold creases were oriented to the top of the steering wheel.

Scene Clearance:

The driver of Vehicle 1 (the case occupant) sustained major injuries consisting of fractures, lacerations and abrasions; maximum AIS = AIS-3. The driver was not entrapped and emergency personnel did not use any extrication procedures to gain entrance to the vehicle. However, the driver required assistance to exit the vehicle due to her injuries. She was transported by land to a regional trauma center where she was admitted for treatment. Vehicle 1 was towed from the scene due to damage sustained in this crash.

Safety Standards: There were no violations of Federal Motor Vehicle Safety Standards found during the on-site inspection of Vehicle 1.

However, a possible problem was identified with the Ford Taurus steering column, or steering gear box. It appears that either the steering column separated from the steering wheel hub during the airbag deployment, or the steering gear box was damaged internally in this frontal impact to the extent that the driver had no post-crash steering control of the vehicle - the steering wheel turns, but has no effect on the front wheels.

This crash is the second crash investigated in a one year period by Dynamic Science in which a 1990/1991 Ford Taurus had no post-crash steering capability.

DRIVER AND OTHER OCCUPANTS:

VEHICLE 1

	DRIVER
Age/Sex:	58/Female
Seated Position:	Left front
Seat Type:	Split bench with separate backs
Height:	170 cm (67 in.)
Weight:	86 kg (190 lbs.)
Occupation:	Not reported
Pre-existing Medical Condition:	None known
Alcohol/Drug Involvement:	None
Driving Experience:	40 years
Body Posture:	Normal, upright seated position
Hand Position:	Both hands on steering wheel rim - left hand at the 11:00 o'clock position, right hand at the 1:00 o'clock position.
Foot Position:	Right foot on brake pedal, left foot on floor/toe pan
Restraint Usage:	None
Additional Occupants:	None

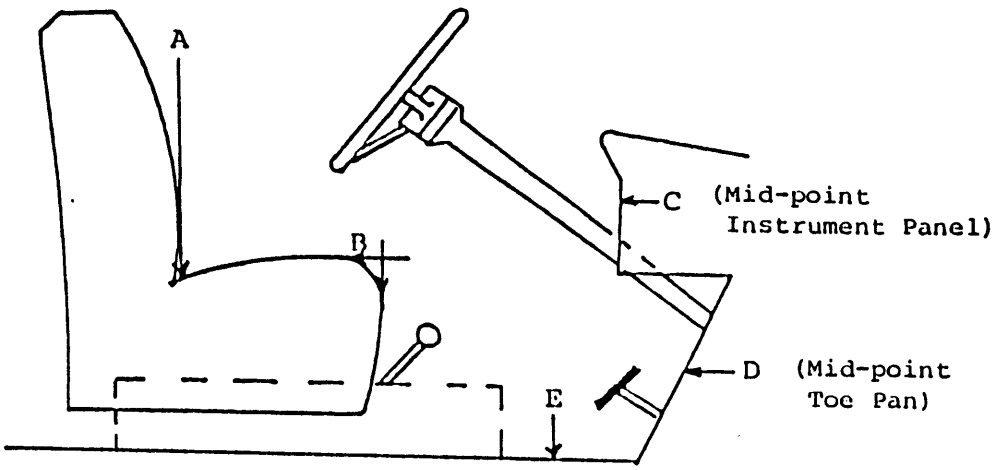
INJURIES:

Vehicle 1

	INJURY	OIC CODE	ICD-9	SOURCE
DRIVER:	Fracture, L. femur neck	2851812.3,2091200	820.02	L. Instrument panel
	Fracture, L. tibia, plateau (split)	2853406.2,2091100	823.00	L. Instrument panel
	Fracture, open, R. bimalleolus w/ dislocation	2851612.2,1591200	824.5	Brake pedal
	Fracture, open, R. talus, astragalus	2853200.2,1591200	825.31	Brake pedal
	Laceration, R. knee 12 cm	2890602.1,1091100	891.0	L. Instrument panel
	Laceration, L. knee	2890602.1,2091100	891.0	L. Instrument panel
	Abrasion, chin	2290202.1,8451100	910.0	Airbag
	Abrasion, R. forearm	2790202.1,1041100	913.0	Steering wheel rim
	Abrasion, L. forearm	2790202.1,2041100	913.0	Steering wheel rim

FRONT INTRUSIONS

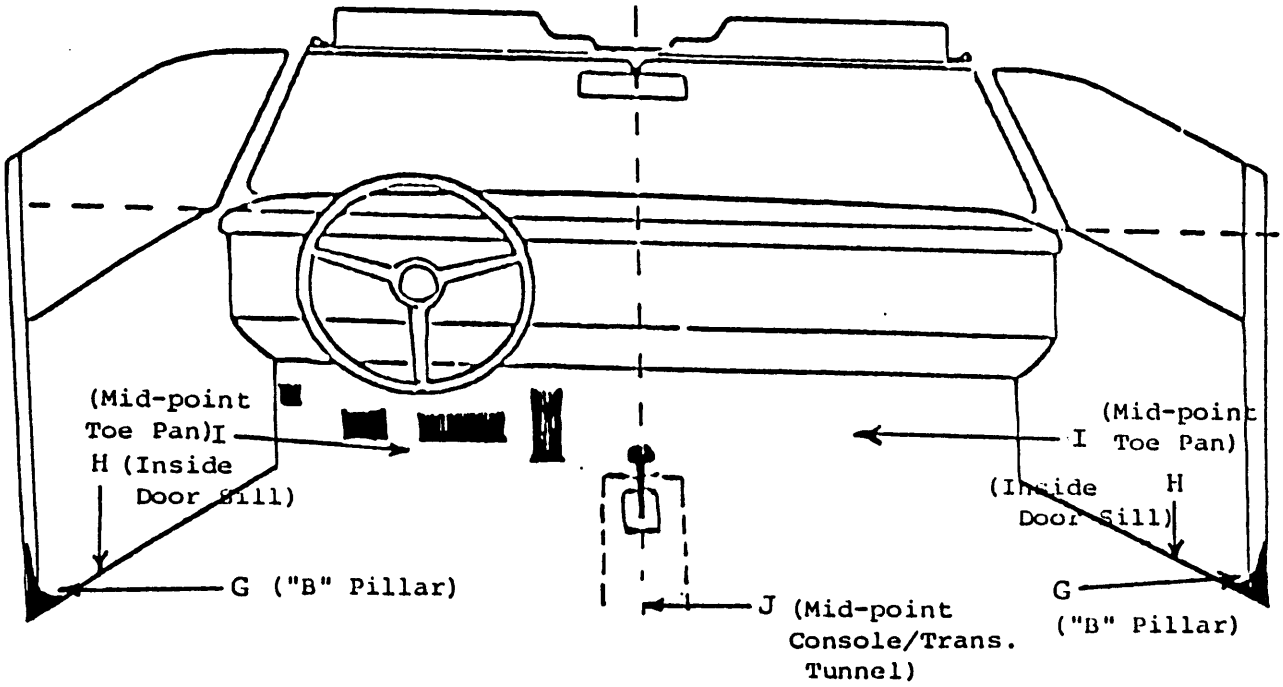
CASE NUMBER DSI-94-AB-001



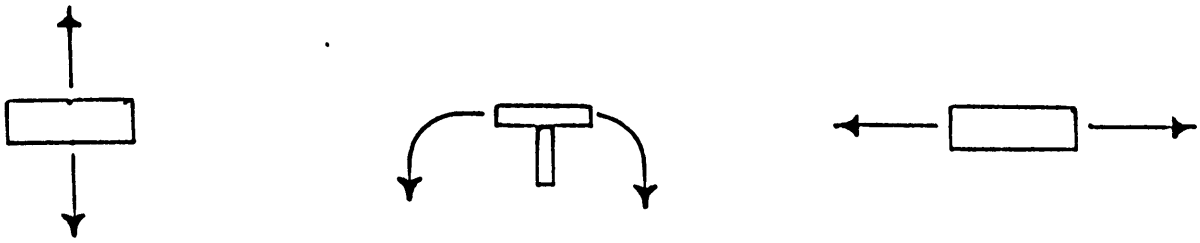
LEFT SIDE				RIGHT SIDE			
A-B	19.1	in.	48.6 cm	A-B	19.1	in.	48.6 cm
B-C	3.9	in.	10.0 cm	B-C	3.9	in.	10.0 cm
B-D	21.7	in.	55.0 cm	B-D	21.7	in.	55.0 cm
A-B-D	40.8	in.	103.6 cm	A-B-D	40.8	in.	103.6 cm
C-E	21.7	in.	55.0 cm	C-E	21.7	in.	55.0 cm
B-E	10.6	in.	27.0 cm	B-E	10.6	in.	27.0 cm

SEAT ADJUSTOR POSITION FULL FORWARD AND FULL UP POSITIONS.

Electric X Manual



LEFT SIDE				RIGHT SIDE			
G-I	42.4	in.	107.6 cm	G-I	42.4	in.	107.6 cm
H-J	29.5	in.	75.0 cm	H-J	29.5	in.	75.0 cm

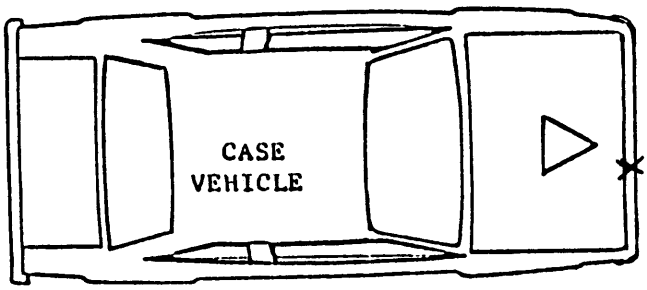


NO APPARENT PEDAL MOVEMENT

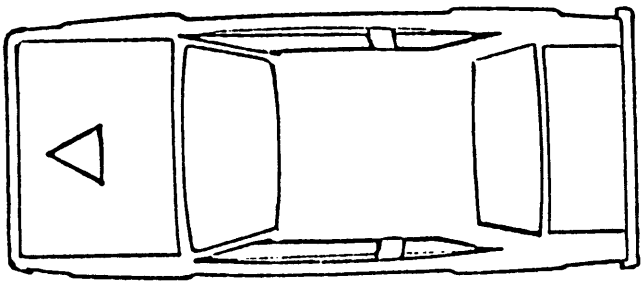
PEDAL MOVEMENT

FIXED OBJECT COLLISION

DAMAGE OVERLAP



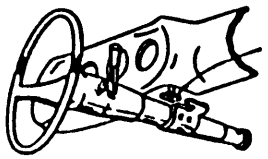
X= CENTER OF DIRECT DAMAGE LOCATED 15.5cm (6.1in) RIGHT OF VEHICLE'S CENTERLINE

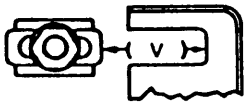


STEERING COLUMN WORKING DIAGRAMS

STEERING COLUMN COLLAPSE

Steering Column Shear Module Movement

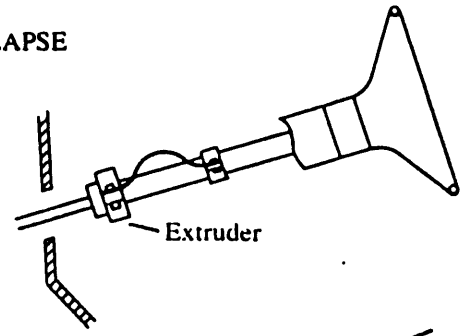




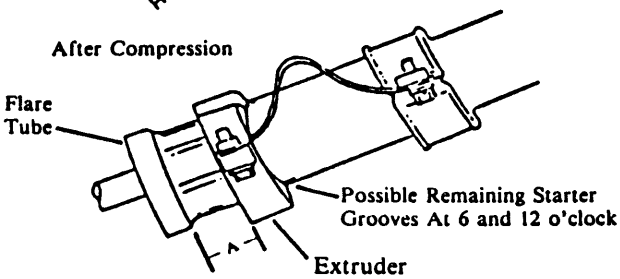
Left X

Right ____ V = .6cm (.25in)

Direction and Magnitude of Steering Column Movement



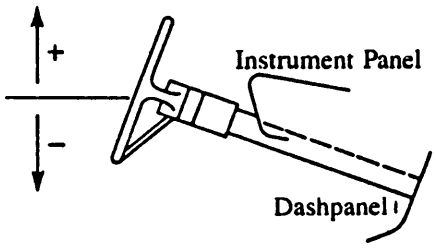
After Compression



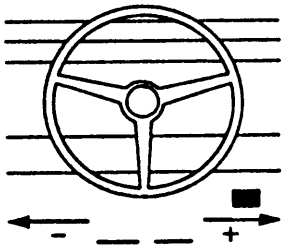
Compression = Measurement A A = ____

STEERING COLUMN MOVEMENT

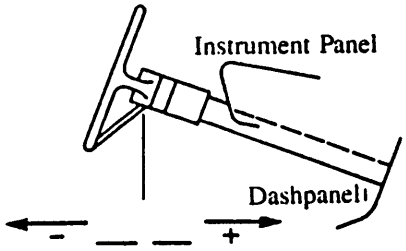
Vertical Movement



Lateral Movement



Longitudinal Movement



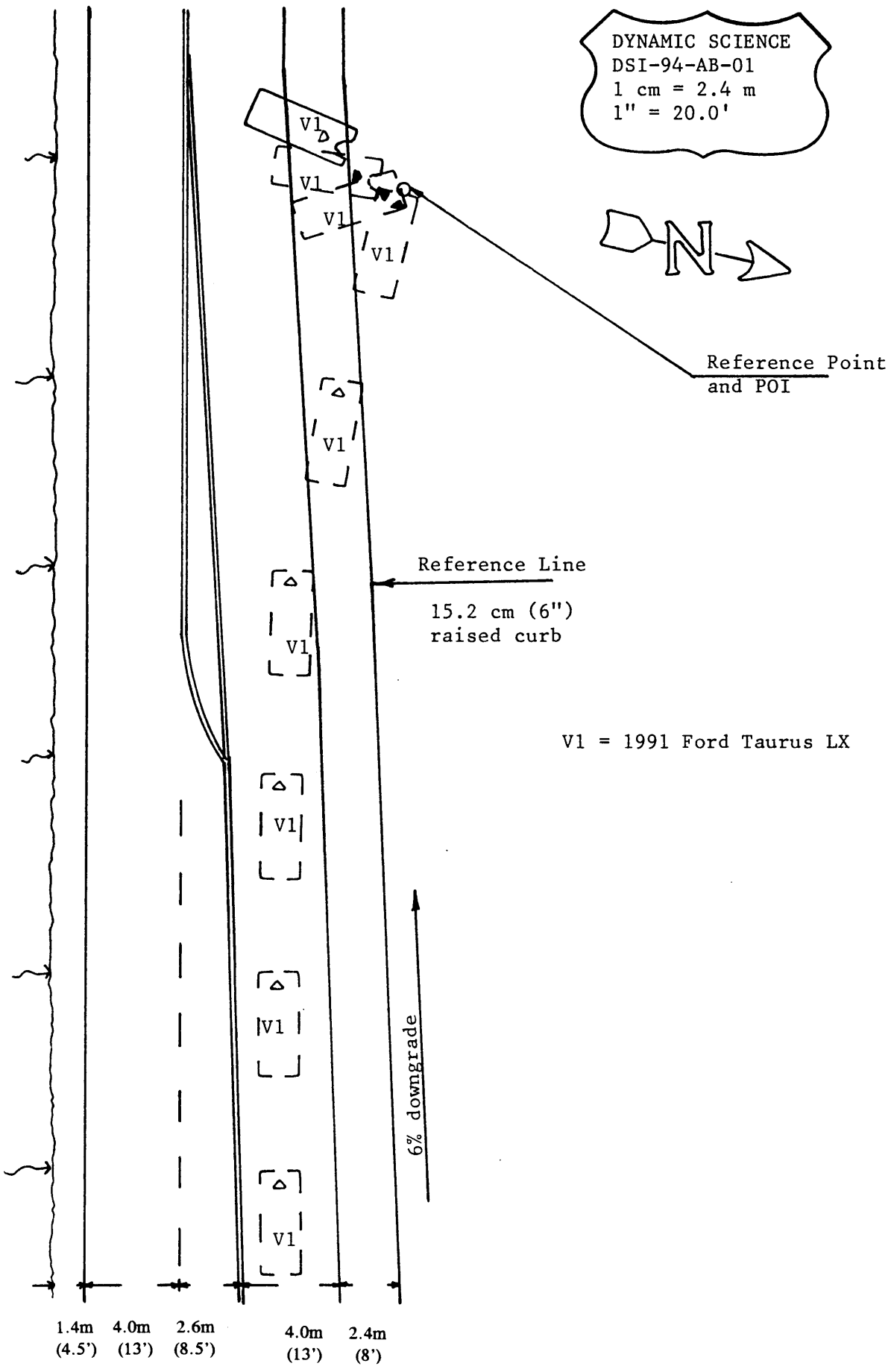
	COMPARISON VALUE	–	DAMAGED VALUE	=	MOVEMENT
VERTICAL		–		=	
LATERAL	25.4cm (10.0in)	–	19.1cm (7.5in)	=	-6.3cm (-2.5in)
LONGITUDINAL	13.5cm (5.3in)	–	8.7cm (3.4in)	=	-4.8cm (-1.9in)

STEERING RIM/SPOKE DEFORMATION

COMPARISON VALUE	–	DAMAGED VALUE	=	DEFORMATION
10.0cm (3.9in)	–	1.0cm (0.4in)	=	09cm (3.5in)
	–		=	

Abbreviations Used In Scene And Photographic Documentation

ft	Feet
in	Inches
AIS	Abbreviated Injury Scale
BLF	Begin Left Front
BLR	Begin Left Rear
BRF	Begin Right Front
BRR	Begin Right Rear
CBE	Cab Behind Engine
CCW	Counterclockwise
CDC	Collision Deformation Classification
CG	Center of Gravity
CM	Centimeter
CW	Clockwise
E, EB	East, Eastbound
ELF	End Left Front
ELR	End Left Rear
ERF	End Right Front
ERR	End Right Rear
FRP	Final Rest Position
I	Interstate Highway
IP	Intermediate Point
KG	Kilogram
KPH	Kilometers Per Hour
LF	Left Front
LR	Left Rear
N, NB	North, Northbound
NE	Northeast
NW	Northwest
PDOF	Principal Direction of Force
POI	Point of Impact
R	Radius of Curvature
RF	Right Front
RL	Reference Line
RP	Reference Point
RR	Right Rear
S, SB	South, Southbound
SE	Southeast
SW	Southwest
T	Time or Elapsed Time (in seconds)
U.S.	United States Highway
V1	Vehicle Number 1
W, WB	West, Westbound


DYNAMIC SCIENCE
DSI-94-AB-01
1 cm = 2.4 m
1" = 20.0'
N
V1
Reference Point
and POI
Reference Line
15.2 cm (6")
raised curb
V1 = 1991 Ford Taurus LX
6% downgrade
1.4m (4.5')
4.0m (13')
2.6m (8.5')
4.0m (13')
2.4m (8')

COLLISION MEASUREMENTS

Case Number DSI-94-AB-01

Reference Point: Wood utility pole

Reference Line: North roadway curbline

DATA POINT	DISTANCE AND DIRECTION FROM REFERENCE POINT	DISTANCE AND DIRECTION FROM REFERENCE LINE
North edge of roadway	18.3 m (60') E	0
Single, solid, white line, north shoulder	18.3 m (60') E	2.4 m (8') S
Double, solid, yellow line, W/B travel lane	18.3 m (60') E	6.4 m (21') S
Double, solid, yellow line, painted median	18.3 m (60') E	8.2 m (26.8') S
Single, solid, white line, E/B travel lane	18.3 m (60') E	12.1 m (39.6') S
South edge roadway, south shoulder	18.3 m (60') E	13.4 m (44') S
North edge of roadway	45.7 m (150') E	0
Single, solid, white line, north shoulder	45.7 m (150') E	2.4 m (8') S
Double, solid, yellow line, W/B travel lane	45.7 m (150') E	6.4 m (21') S
Single, broken white line, E/B left turn lane	45.7 m (150') E	9 m (29.5') S
Single, solid, white line, E/B travel lane	45.7 m (150') E	13 m (42.5') S
South edge roadway, south shoulder	45.7 m (150') E	14.4 m (47') S
POI # 1, raised concrete curb, (approximate)	8.2 m (27') E	0
POI # 2, wood utility pole	0	2.1 m (7') N
FRP, R/F wheel (approximate)	1.3 m (4.4') W	.9 m (3') S

PHOTO INDEX

Case No. DSI-94-AB-01

PHOTO NO.	VEHICLE NO.	ORIENTATION	SUBJECT MATTER
1	V1	E	Approach path, Vehicle 1
2-5	V1	W	Travel path, Vehicle 1
6	V1	W	Point of road departure, Vehicle 1
7-8	V1	W	Travel path, Vehicle 1
9	V1	W	POI # 5, Vehicle 1
10	V1	SW	Travel path, rotation, POI # 5 to FRP, Vehicle 1
11	V1	SW	FRP, Vehicle 1
12	V1	NE	Reverse path FRP to POI # 5, Vehicle 1
13-16	V1	E	Reverse travel path, Vehicle 1
17-30	V1	CCW	Exterior views, Vehicle 1
31-50	V1	---	Interior views, Vehicle 1 Photos 39 and 41 - deformed steering wheel rim Photo 42 - deformed left instrument panel/steering column cover


AB01-1


AB01-2


AB01-3


AB01-4


AB01-5


AB01-6


AB01-7


AB01-8


AB01-9


AB01-10


AB01-11


AB01-12

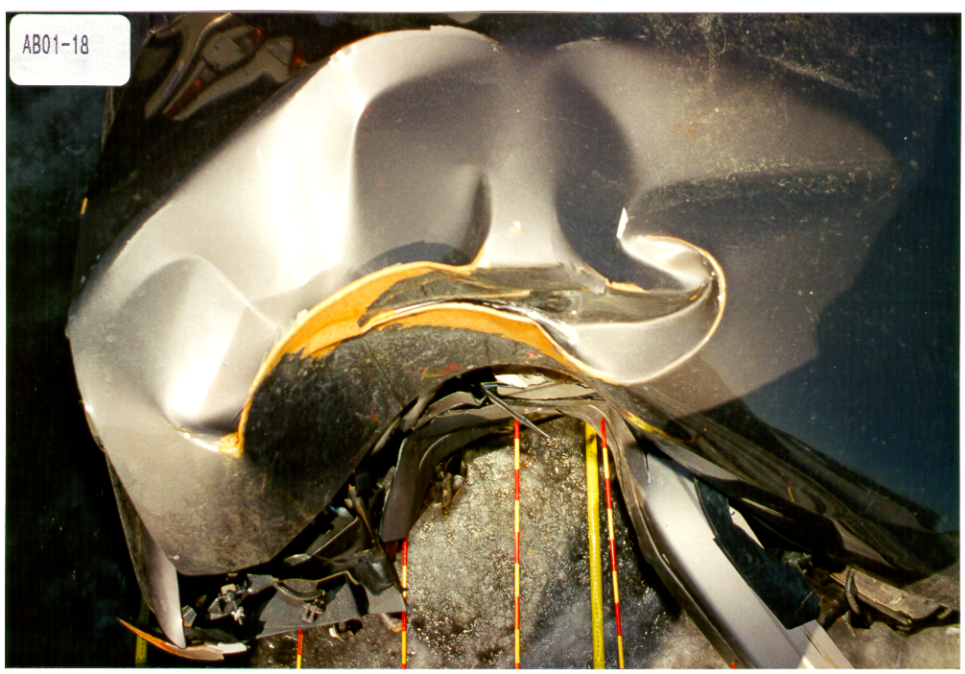

AB01-13


AB01-14

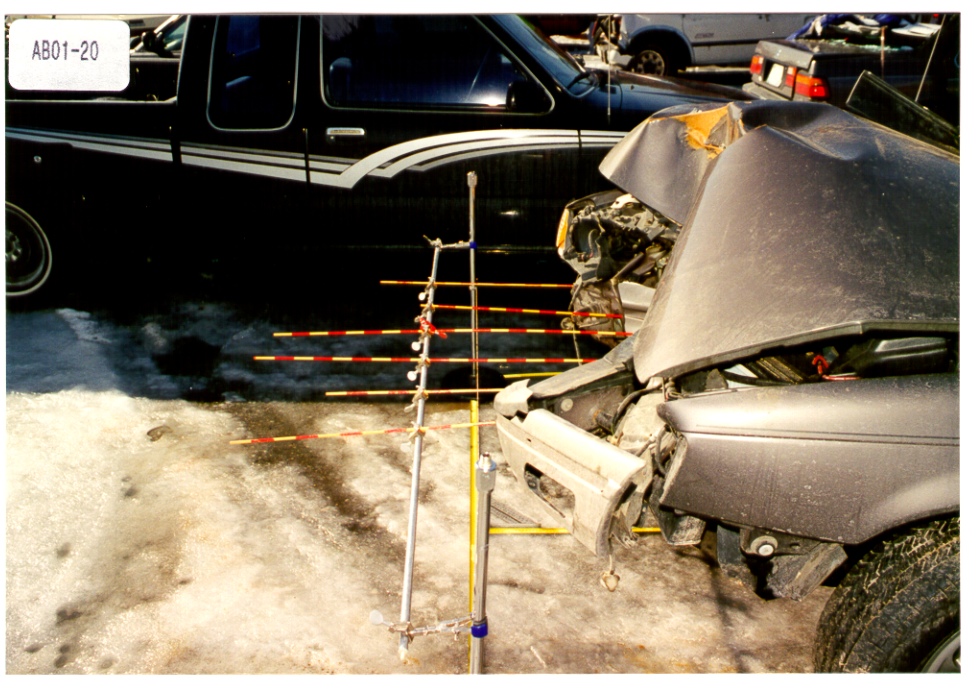

AB01-15


AB01-16


AB01-17


AB01-18


AB01-19


AB01-20


AB01-21


AB01-22


AB01-23


AB01-24
TAURUS

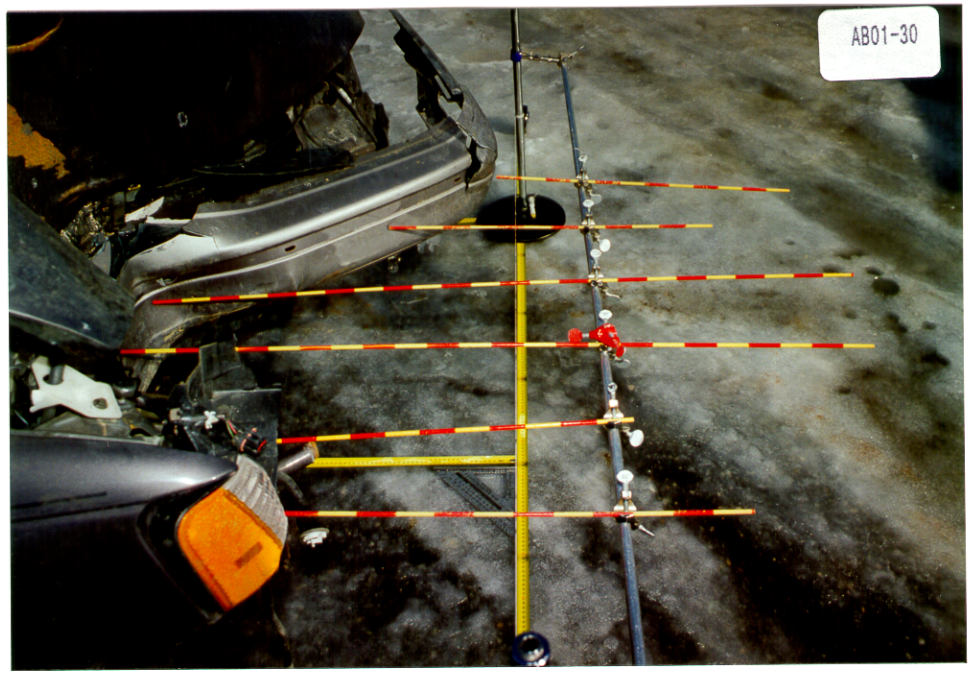

AB01-25
TAURUS

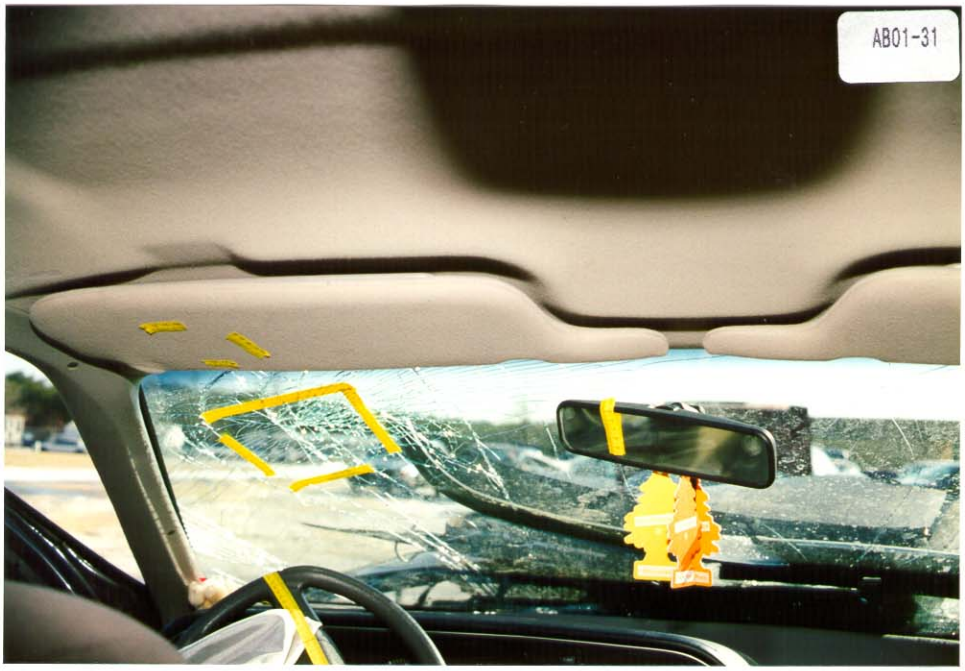

AB01-26


AB01-27


AB01-28


AB01-29


AB01-30


AB01-31


AB01-32


AB01-33


AB01-34


AB01-35


AB01-36
BRAKE RELEASE


AB01-37


BRAKE RELEASE
AB01-38


AB01-39


AB01-40


AB01-41


AB01-42


AB01-43


Ford
AB01-44


AB01-45


AB01-46


AB01-47


AB01-48


AB01-49


AB01-50

SLIDE INDEX

Case No. DSI-94-AB-01

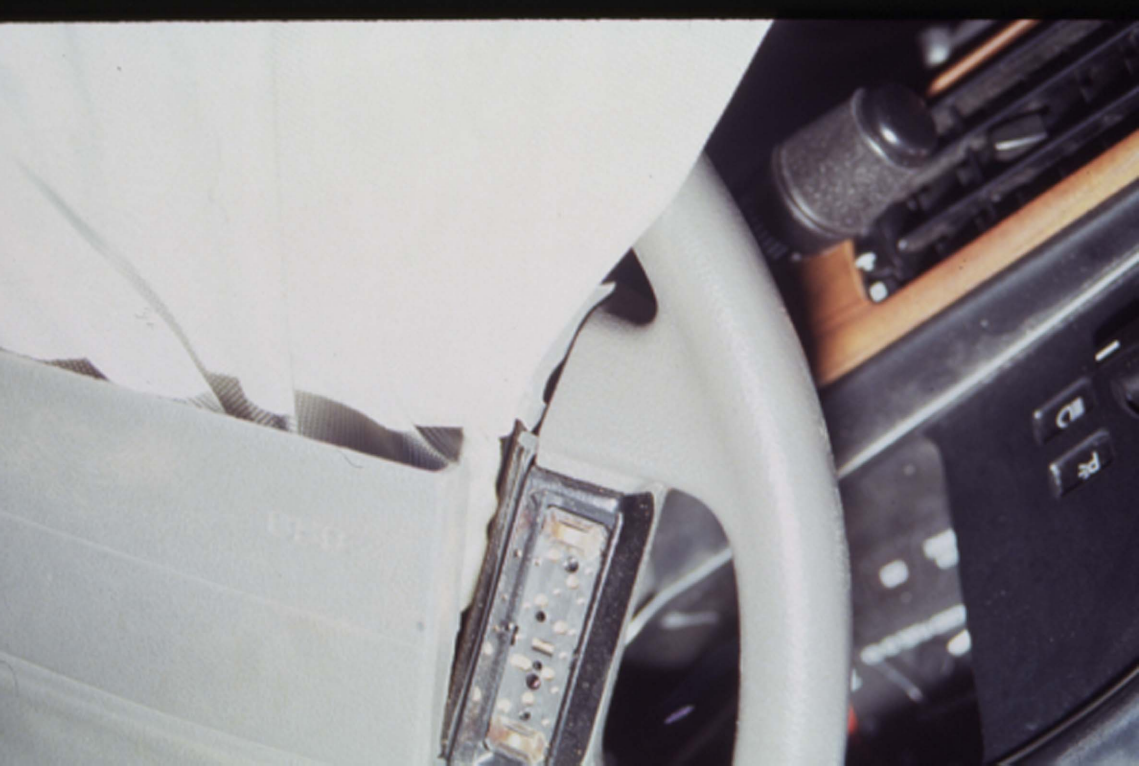
SLIDE NO.	VEHICLE NO.	ORIENTATION	SUBJECT MATTER
1	V1	E	Approach path, Vehicle 1
2-8	V1	W	Travel path, Vehicle 1
9	V1	W	POI, Vehicle 1
10	V1	SW	FRP, Vehicle 1
11	V1	NE	Reverse travel path, FRP to POI
12	V1	E	Reverse travel path, Vehicle 1
13-25	V1	CCW	Exterior views, Vehicle 1
26-45	V1	---	Interior views, Vehicle 1

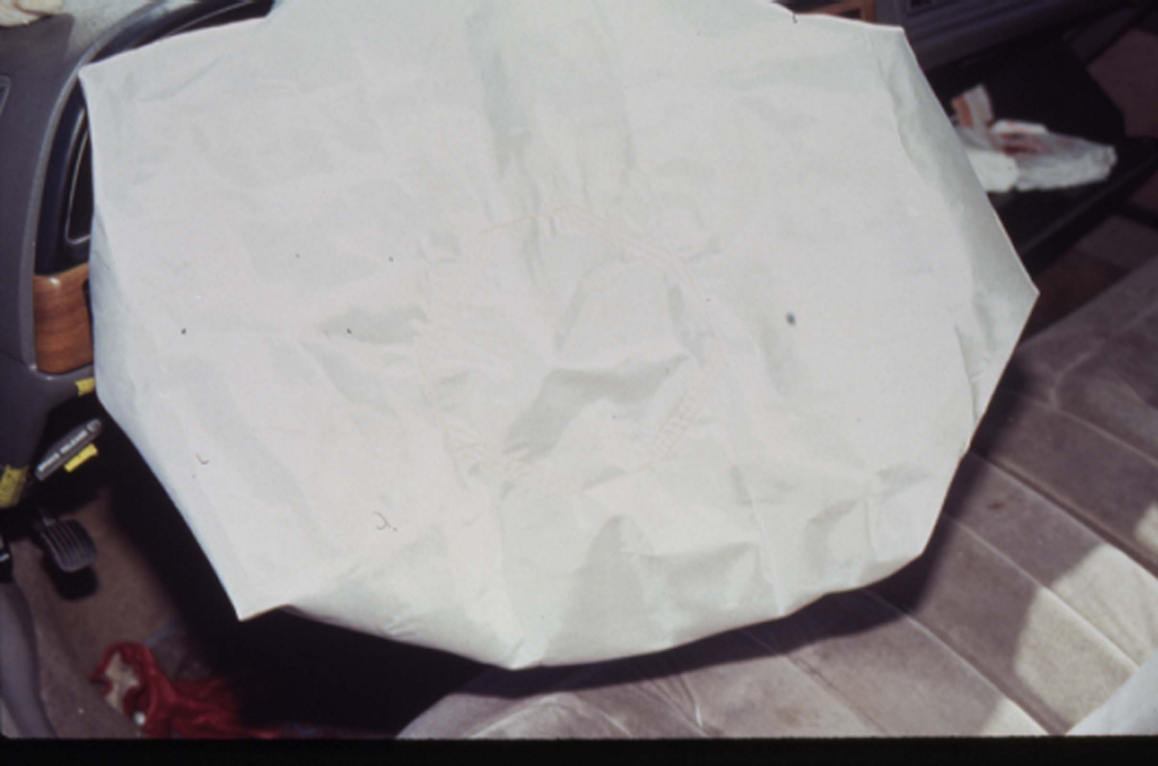

TAURUS


TAURUS


PARK RELEASE


COIN TRAY
PUSH
CUP HOLDER
PUSH





U.S. Department of Transportation

National Highway Traffic Safety Administration

ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number ____

2. Case Number - Stratum DSI-94-AB-0001

IDENTIFICATION

3. Number of General Vehicle Forms Submitted 01

4. Date of Accident (Month,Day,Year) WINTER/WEEK DAY/ 9 4

5. Time of Accident MORNING

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS14-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. ___SS15 Administrative Use 0

7. ___SS16 Pedestrian Crash Data Study 0

8. ___SS17 Impact Fires 0

9. ___SS18 _____ 0

10. ___SS19 _____ 0

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident 05

Code the number of events which occurred in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object on the right.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. 01	13. 01	14. 03	15. F	16. 63	17. 00	18. 0
19. 02	20. 01	21. 03	22. F	23. 63	24. 00	25. 0
26. 03	27. 01	28. 03	29. F	30. 63	31. 00	32. 0
33. 04	34. 01	35. 03	36. F	37. 63	38. 00	39. 0
40. 05	41. 01	42. 03	43. F	44. 52	45. 00	46. 0

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

(00) Not a motor vehicle
(01) Subcompact/mini (wheelbase < 254 cm)
(02) Compact (wheelbase ≥ 254 but < 265 cm)
(03) Intermediate (wheelbase ≥ 265 but < 278 cm)
(04) Full size (wheelbase ≥ 278 but < 291 cm)
(05) Largest (wheelbase ≥ 291 cm)
(09) Unknown passenger car size
(11) Compact utility vehicle
(12) Large utility vehicle (≤ 4,500 kgs GVWR)
(13) Passenger van (≤ 4,500 kgs GVWR)
(14) Other van (≤ 4,500 kgs GVWR)
(15) Pickup truck (≤ 4,500 kgs GVWR)
(18) Other truck (≤ 4,500 kgs GVWR)
(19) Unknown light truck type
(20) School bus
(21) Other bus
(22) Truck (> 4,500 kgs GVWR)
(23) Tractor without trailer
(24) Tractor-trailer(s)
(25) Motored cycle
(28) Other vehicle
(99) Unknown

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND OTHER VEHICLES

(0) Not a motor vehicle
(N) Noncollision
(F) Front
(R) Right side
(L) Left side
(B) Back
(T) Top
(U) Undercarriage
(9) Unknown

TDC APPLICABLE VEHICLES

(0) Not a motor vehicle
(N) Noncollision
(F) Front
(R) Right side
(L) Left side
(B) Back of unit with cargo area (rear of trailer or straight truck)
(D) Back (rear of tractor)
(C) Rear of cab
(V) Front of cargo area
(T) Top
(U) Undercarriage
(9) Unknown

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision
(31) Overturn — rollover
(32) Fire or explosion
(33) Jackknife
(34) Other intraunit damage (specify): _____
(35) Noncollision injury
(38) Other noncollision (specify): _____
(39) Noncollision — details unknown

Collision With Fixed Object
(41) Tree (≤ 10 cm in diameter)
(42) Tree (> 10 cm in diameter)
(43) Shrubbery or bush
(44) Embankment
(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post
(50) Pole or post (≤ 10 cm in diameter)
(51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
(52) Pole or post (> 30 cm in diameter)
(53) Pole or post (diameter unknown)
(54) Concrete traffic barrier
(55) Impact attenuator
(56) Other traffic barrier (includes guardrail) (specify): _____
(57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify): _____
(69) Unknown fixed object

Collision with Nonfixed Object
(71) Motor vehicle not in-transport
(72) Pedestrian
(73) Cyclist or cycle
(74) Other nonmotorist or conveyance
(75) Vehicle occupant
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(79) Object fell from vehicle in-transport
(88) Other nonfixed object (specify): _____
(89) Unknown nonfixed object

(98) Other event (specify): _____
(99) Unknown event or object

U.S. Department of Transportation

National Highway Traffic Safety Administration

GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number ___ ___

2. Case Number - Stratum DSI-94-AB-001

3. Vehicle Number 01

VEHICLE IDENTIFICATION

4. Vehicle Model Year 91
Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify): 12
FORD
Applicable codes are found in your NASS Data Collection, Coding and Editing Manual.
(99) Unknown

6. Vehicle Model (specify): 017
TAURUS LX
Applicable codes are found in your NASS Data Collection, Coding and Editing Manual.
(999) Unknown

7. Body Type 04
Note: Applicable codes may be found on the back of this page.

8. Vehicle Identification Number

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	F	A	C	P	5	3	U	5	M	A	X	X	X	X	X	X

Left justify; Slash zeros and letter Z (Ø and Z)
No VIN—Code all zeros
Unknown—Code all nines

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

10. Police Reported Travel Speed 999
Code to the nearest kph (NOTE: 000 means less than 0.5 kph)
(160) 159.5 kph and above
(999) Unknown

___ ___ mph X 1.6093 = ___ ___ ___ kph

11. Police Reported Alcohol Presence Ø
(0) No alcohol present
(1) Yes (alcohol present)
(7) Not reported
(8) No driver present
(9) Unknown

Note: See variables 37 through 55 (Page 4) for information on Other Drugs

12. Alcohol Test Result For Driver 96
Code actual value (decimal implied before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source: PAR

ACCIDENT RELATED

13. Speed Limit 048
(000) No statutory limit
Code posted or statutory speed limit in kph
(999) Unknown

30 mph X 1.6093 = 048 kph

14. Attempted Avoidance Maneuver 04
(01) No avoidance actions
(02) Braking (no lockup)
(03) Braking (lockup)
(04) Braking (lockup unknown)
(05) Releasing brakes
(06) Steering left
(07) Steering right
(08) Braking and steering left
(09) Braking and steering right
(10) Accelerating
(11) Accelerating and steering left
(12) Accelerating and steering right
(97) No driver present
(98) Other action (specify): _____
(99) Unknown

15. Accident Type 02
Applicable codes may be found on the back of page two of this field form
(00) No impact
Code the number of the diagram that best describes the accident circumstance
(98) Other accident type (specify): _____
(99) Unknown

****** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 ******

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

(01) Convertible (excludes sun-roof, t-bar)
(02) 2-door sedan, hardtop, coupe
(03) 3-door/2-door hatchback
(04) 4-door sedan, hardtop
(05) 5-door/4-door hatchback
(06) Station wagon (excluding van and truck based)
(07) Hatchback, number of doors unknown
(08) Other automobile type (specify):

_____

(09) Unknown automobile type

Automobile Derivatives

(10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
(11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
(12) Large limousine - more than four side doors or stretched chassis
(13) Three-wheel automobile or automobile derivative

Utility Vehicles (≤ 4,500 kgs GVWR)

(14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Samurai, Sidekick, Rocky)
(15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Landcruiser, Rover, Scout)
(16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
(19) Utility, unknown body type

Van Based Light Trucks (≤ 4,500 kgs GVWR)

(20) Minivan (Chrysler Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Dodge/Plymouth Vista, Aerostar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Vanagon/Camper.)
(21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
(22) Step van or walk-in van (≤ 4,500 kgs GVWR)
(23) Van based motorhome (≤ 4,500 kgs GVWR)
(24) Van based school bus (≤ 4,500 kgs GVWR)
(25) Van based other bus (≤ 4,500 kgs GVWR)
(28) Other van type (Hi-Cube Van, Kary) (specify):

_____

(29) Unknown van type

Light Conventional Trucks (Pickup style cab, ≤ 4,500 kgs GVWR)

(30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10 , T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
(31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500,)
(32) Pickup with slide-in camper
(33) Convertible pickup
(39) Unknown pickup style light conventional truck type

Other Light Trucks (≤ 4,500 kgs GVWR)

(40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
(41) Truck based panel
(42) Light truck based motorhome (chassis mounted)
(45) Other light conventional truck type
(48) Unknown light truck type
(49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

(50) School bus (designed to carry students, not cross country or transit)
(58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify):

_____

(59) Unknown bus type

Medium/Heavy Trucks (> 4,500 kgs GVWR)

(60) Step van (> 4,500 kgs GVWR)
(61) Single unit straight truck (4,500 kgs < GVWR ≤ 8,850 kgs)
(62) Single unit straight truck (8,850 kgs < GVWR ≤ 12,000 kgs)
(63) Single unit straight truck (> 12,000 kgs GVWR)
(64) Single unit straight truck, GVWR unknown
(65) Medium/heavy truck based motorhome
(67) Truck-tractor with no cargo trailer
(68) Truck-tractor pulling one trailer
(69) Truck-tractor pulling two or more trailers
(70) Truck-tractor (unknown if pulling trailer)
(78) Unknown medium/heavy truck type
(79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

(80) Motorcycle
(81) Moped (motorized bicycle)
(82) Three-wheel motorcycle or moped
(88) Other motored cycle (minibike, motorscooter) (specify):_____
(89) Unknown motored cycle type

Other Vehicles

(90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
(91) Snowmobile
(92) Farm equipment other than trucks
(93) Construction equipment other than trucks
(97) Other vehicle type
(99) Unknown body type

OCCUPANT RELATED

16. Driver Presence in Vehicle: 1
    (0) Driver not present
    (1) Driver present
    (9) Unknown

17. Number of Occupants This Vehicle: 01
    (00-96) Code actual number of occupants for this vehicle
    (97) 97 or more
    (99) Unknown

18. Number of Occupant Forms Submitted: 01

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight: 1,380
    ____Code weight to nearest 10 kilograms.
    (045) Less than 450 kilograms
    (610) 6,100 kilograms or more
    (999) Unknown

    03,049 lbs X .4536 = 1,383 kgs

    Source: [redacted]

20. Vehicle Cargo Weight: 0,000
    ____Code weight to nearest 10 kilograms.
    (000) Less than 5 kilograms
    (450) 4,500 kilograms or more
    (999) Unknown

    ___,___ lbs X .4536 = ___,___ kgs

RECONSTRUCTION DATA

21. Towed Trailing Unit: 0
    (0) No towed unit
    (1) Yes—towed trailing unit
    (9) Unknown

22. Documentation of Trajectory Data for This Vehicle: 0
    (0) No
    (1) Yes

23. Post Collision Condition of Tree or Pole (For Highest Delta V): 1
    (0) Not collision (for highest delta V) with tree or pole
    (1) Not damaged
    (2) Cracked/sheared
    (3) Tilted <45 degrees
    (4) Tilted ≥45 degrees
    (5) Uprooted tree
    (6) Separated pole from base
    (7) Pole replaced
    (8) Other (specify): _____
    (9) Unknown

24. Rollover: 0
    (0) No rollover (no overturning)

    Rollover (primarily about the longitudinal axis)
    (1) Rollover, 1 quarter turn only
    (2) Rollover, 2 quarter turns
    (3) Rollover, 3 quarter turns
    (4) Rollover, 4 or more quarter turns (specify): _____

    (5) Rollover--end-over-end (i.e., primarily about the lateral axis)
    (9) Rollover (overturn), details unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle): 0

26. Rear Override/Underride (this Vehicle): 0

    (0) No override/underride, or not an end-to-end impact

    Override (see specific CDC)
    (1) 1st CDC
    (2) 2nd CDC
    (3) Other not automated CDC (specify): _____

    Underride (see specific CDC)
    (4) 1st CDC
    (5) 2nd CDC
    (6) Other not automated CDC (specify): _____

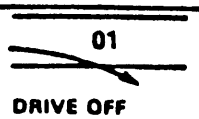
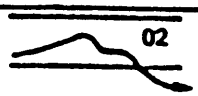
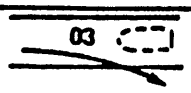
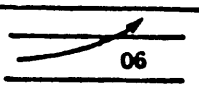
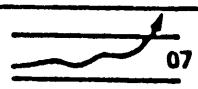
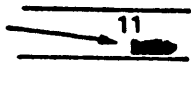
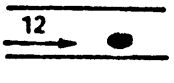
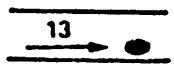
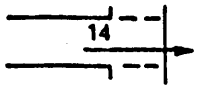
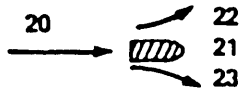
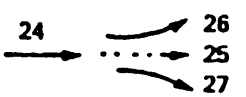
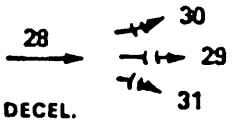
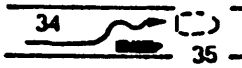
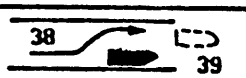
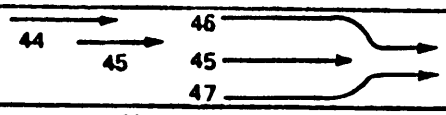
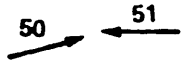
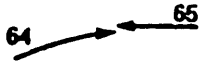
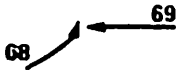
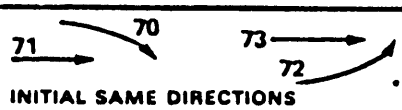
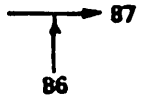
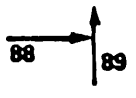
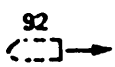
    (7) Medium/heavy truck or bus override
    (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
(997) Noncollision
(998) Impact with object
(999) Unknown

27. Heading Angle For This Vehicle: 998

28. Heading Angle For Other Vehicle: 998

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I. Single Driver	A. Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B. Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER	16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End	 20 22 21 23 STOPPED 21, 22, 23	 24 26 25 27 SLOWER 26, 28, 27	 28 30 29 31 DECEL. 29, 30, 31	(EACH • 32) SPECIFICS OTHER	(EACH • 33) SPECIFICS UNKNOWN
	E Forward Impact	 34 35 CONTROL/ TRACTION LOSS	 36 37 CONTROL/ TRACTION LOSS	 38 39 AVOID COLLISION WITH VEH.	 40 41 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER	(EACH • 43) SPECIFICS UNKNOWN
	F Sideswipe Angle	 44 45 46 45 47			(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN	
III Same Trafficway Opposite Direction	G Head-On	 50 51 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER		(EACH • 53) SPECIFICS UNKNOWN		
	H Forward Impact	 54 55 CONTROL/ TRACTION LOSS	 56 57 CONTROL/ TRACTION LOSS	 58 59 AVOID COLLISION WITH VEH.	 60 61 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER	(EACH • 63) SPECIFICS UNKNOWN
	I Sideswipe Angle	 64 65 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER		(EACH • 67) SPECIFICS UNKNOWN		
IV Change Trafficway Vehicle Turning	J. Turn Across Path	 68 69 INITIAL OPPOSITE DIRECTIONS	 71 70 73 72 INITIAL SAME DIRECTIONS			(EACH • 74) SPECIFICS OTHER	(EACH • 75) SPECIFICS UNKNOWN
	K. Turn Into Path	 77 76 79 78 TURN INTO SAME DIRECTION	 81 80 83 82 TURN INTO OPPOSITE DIRECTIONS			(EACH • 84) SPECIFICS OTHER	(EACH • 85) SPECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L. Straight Paths	 87 86	 88 89		(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN	
VI Miscellaneous	M. Backing Etc.	 92 BACKING VEH. 93 OTHER VEH. OR OBJECT			98 Other Accident Type 99 Unknown Accident Type 00 No Impact		

29. Basis for Total Delta V (highest) 1

Delta V Calculated
(1) CRASH program—damage only routine
(2) CRASH program—damage and trajectory routine
(3) Missing vehicle algorithm

Delta V Not Calculated
(4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
(5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.
(6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

COMPUTER GENERATED DELTA V

Highest

30. Total Delta V 040 (025 mph)

39.8 (24.7 mph) Nearest kph (highest)
_____ Nearest kph (secondary)

(NOTE: 000 means less than 0.5 kph)
(160) 159.5 kph and above
(999) Unknown

31. Longitudinal Component of Delta V +040 (-25 mph)

-39.6 (-24.6 mph) Nearest kph (highest)
_____ Nearest kph (secondary)

(NOTE: __000 means greater than −0.5 kph and less than +0.5 kph)
(±160) ±159.5 kph and above
(__999) Unknown

Highest

32. Lateral Component of Delta V −0004 (0002 mph)

3.5 (2.2 mph) Nearest kph (highest)
_____ Nearest kph (secondary)

(NOTE: __000 means greater than −0.5 kph and less than +0.5 kph)
(±160) ±159.5 kph and above
(__999) Unknown

33. Energy Absorption 097.100 (71,600 ft/lb)

97083.3 (71595.4 ft/lb) Nearest 100 joules (highest)
_____ Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
(9997) 999,650 joules or more
(9999) Unknown

34. Confidence In Reconstruction Program Results (For Highest Delta V) 1
(0) No reconstruction
(1) Collision fits model — results appear reasonable
(2) Collision fits model — results appear high
(3) Collision fits model — results appear low
(4) Borderline reconstruction — results appear reasonable

35. Type of Vehicle Inspection 1
(0) No inspection
(1) Complete inspection
(2) Partial inspection (specify):
_____

36. Is this an AOPS Vehicle? 1
(0) No
(1) Yes - researcher determined
(2) VIN determined air bag system
(3) VIN determined automatic (passive) belts
(4) VIN determined air bag and automatic (passive) belts

IS OLDMISS APPLICABLE FOR THIS VEHICLE? [ ] YES [X] NO

IF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? [ ] YES [ ] NO

37. Police Reported Other Drug Presence ϕ
    (0) No other drug(s) present
    (1) Yes [other drug(s) present]
    (7) Not reported
    (8) No driver present
    (9) Unknown

38. Police Reported Drug Evaluation Classification (DEC) Test For Driver ϕ
    (0) No DEC process available or given
    (1) DEC process given, results known
    (2) DEC process given, results unknown
    (3) DEC process available, unknown if given
    (8) No driver present

39. Other Drug Specimen Test Type For Driver ϕ
    (0) No specimen test given
    (1) Blood test
    (2) Urine test
    (3) Other specimen tests (specify): _____
    (7) Unspecified specimen test
    (8) No driver present
    (9) Unknown if specimen test given

DRUG EVALUATION CLASSIFICATION
OTHER DRUGS TEST RESULTS FOR DRIVER

	DEC Test Results	Specimen Test Results
Narcotic Drug	40. ϕ	41. ϕ
Depressant Drug	42. ϕ	43. ϕ
Stimulant Drug	44. ϕ	45. ϕ
Hallucinogen Drug	46. ϕ	47. ϕ
Cannabinoid Drug	48. ϕ	49. ϕ
Phencyclidine (PCP)	50. ϕ	51. ϕ
Inhalant Drug	52. ϕ	53. ϕ
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. ϕ	55. ϕ

Codes For DEC Test Results

(0) No DEC test given
(1) Passed DEC test
(2) Failed DEC test
(3) DEC test given—results unknown
(8) No driver present
(9) Unknown if DEC test given

Codes for Specimen Test Results

(0) No specimen test given
(1) Drug not found in specimen
(2) Drug found in specimen
(7) Specimen test given, results unknown or not obtained
(8) No driver present
(9) Unknown if specimen test given

OTHER DATA

56. Driver's Zip Code [redacted]

(00000) Driver not present
(00001) Driver not a resident of U.S. or territories
_____ Code actual 5-digit zip code
(99999) Unknown

57. Driver's Race/Ethnic Origin 1
(0) Driver not present
(1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(8) Other (specify):
_____
(9) Unknown

58. Vehicle Special Use (This Trip) Ø
(0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Fire truck or car
(8) Other (specify): _____
(9) Unknown

ROLLOVER DATA

If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank.
If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type Ø
(0) No rollover
(1) Trip-over
(2) Flip-over
(3) Turn-over
(4) Climb-over
(5) Fall-over
(6) Bounce-over
(7) Collision with another vehicle
(8) Other rollover initiation type specify):
_____
(9) Unknown rollover initiation type

60. Location of Rollover Initiation Ø
(0) No rollover
(1) On roadway
(2) On shoulder—paved
(3) On shoulder—unpaved
(4) On roadside or divided trafficway median
(9) Unknown

61. Rollover Initiation Object Contacted Ø Ø

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied Ø
(0) No rollover
(1) Wheels/tires
(2) Side plane
(3) End plane
(4) Undercarriage
(5) Other location on vehicle (specify):
_____
(8) Non-contact rollover forces (specify):
_____
(9) Unknown

63. Direction of Initial Roll Ø
(0) No rollover
(1) Roll right - primarily about the longitudinal axis
(2) Roll left - primarily about the longitudinal axis
(5) End-over-end (i.e., primarily about the lateral axis)
(9) Unknown roll direction

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event) Ø 1
(01) Going straight
(02) Slowing or stopping in traffic lane
(03) Starting in traffic lane
(04) Stopped in traffic lane
(05) Passing or overtaking another vehicle
(06) Disabled or parked in travel lane
(07) Leaving a parking position
(08) Entering a parking position
(09) Turning right
(10) Turning left
(11) Making a U-turn
(12) Backing up (other than for parking position)
(13) Negotiating a curve
(14) Changing lanes
(15) Merging
(16) Successful avoidance maneuver to a previous critical event
(97) Other (specify):
_____
(98) No driver present
(99) Unknown

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover
(01-30) — Vehicle Number

Noncollision
(31) Turn-over — fall-over
(33) Jackknife

Collision With Fixed Object
(41) Tree (≤ 10 cm in diameter)
(42) Tree (> 10 cm in diameter)
(43) Shrubbery or bush
(44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post
(50) Pole or post (≤ 10 cm in diameter)
(51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
(52) Pole or post (> 30 cm in diameter)
(53) Pole or post (diameter unknown)

(54) Concrete traffic barrier
(55) Impact attenuator
(56) Other traffic barrier (includes guardrail) (specify):_____

(57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify):
_____
(69) Unknown fixed object

Collision with Nonfixed Object
(71) Motor vehicle not in-transport
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(79) Object fell from vehicle in-transport
(88) Other nonfixed object (specify):
_____
(89) Unknown nonfixed object

(98) Other event (specify):
_____
(99) Unknown event or object

PRECRASH DATA (Continued)

65. Critical Precrash Event 05

This Vehicle Loss of Control Due To:
(01) Blow out or flat tire
(02) Stalled engine
(03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
(04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
(05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): ICE
(06) Traveling too fast for conditions
(08) Other cause of control loss (specify): _____
(09) Unknown cause of control loss

This Vehicle Traveling
(10) Over the lane line on left side of travel lane
(11) Over the lane line on right side of travel lane
(12) Off the edge of the road on the left side
(13) Off the edge of the road on the right side
(14) End departure
(15) Turning left at intersection
(16) Turning right at intersection
(17) Crossing over (passing through) intersection
(19) Unknown travel direction

Other Motor Vehicle In Lane
(50) Stopped
(51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
(52) Traveling in same direction with higher speed
(53) Traveling in opposite direction
(54) In crossover
(55) Backing
(59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane
(60) From adjacent lane (same direction)—over left lane line
(61) From adjacent lane (same direction)—over right lane line
(62) From opposite direction—over left lane line
(63) From opposite direction—over right lane line
(64) From parking lane
(65) From crossing street, turning into same direction
(66) From crossing street, across path
(67) From crossing street, turning into opposite direction
(68) From crossing street, intended path not known
(70) From driveway, turning into same direction
(71) From driveway, across path
(72) From driveway, turning into opposite direction
(73) From driveway, intended path not known
(74) From entrance to limited access highway
(78) Encroachment by other vehicle—details unknown

Pedestrian or Pedalcyclist, or Other Nonmotorist
(80) Pedestrian in roadway
(81) Pedestrian approaching roadway
(82) Pedestrian—unknown location
(83) Pedalcyclist or other nonmotorist in roadway (specify): _____
(84) Pedalcyclist or other nonmotorist approaching roadway (specify): _____
(85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal
(87) Animal in roadway
(88) Animal approaching roadway
(89) Animal—unknown location
(90) Object in roadway
(91) Object approaching roadway
(92) Object—unknown location

(98) Other critical precrash event (specify): _____
(99) Unknown

For Corrective Actions Attempted see variable GV14 (Attemped Avoidance Manuever)

66. Precrash Stability After Avoidance Maneuver 2
(0) No avoidance maneuver
(1) Tracking
(2) Skidding longitudinally—rotation less than 30 degrees
(3) Skidding laterally—clockwise rotation
(4) Skidding laterally—counterclockwise rotation
(7) Other vehicle loss-of-control (specify): _____
(8) No driver present
(9) Precrash stability unknown

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action) 4
(0) No avoidance maneuver
(1) Vehicle stayed in travel lane where avoidance maneuver was initiated
(2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
(3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
(4) Vehicle departed roadway
(5) Avoidance maneuver initiated off roadway
(8) No driver present
(9) Directional consequences unknown

***** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), *****
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

***** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE *****
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

U.S. Department of Transportation

National Highway Traffic Safety Administration

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number ____ ____
2. Case Number - Stratum DSI-94-AB-ØØ1
3. Vehicle Number Ø1

VEHICLE IDENTIFICATION

VIN 1FACP5345MA-X-X-X-X-X-X Model Year 91

Vehicle Make (specify): FORD

Vehicle Model (specify): TAURUS LX 4-DOOR

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L
Ø1	RIF WHEEL	NOT MEASURED - CDC ONLY
Ø2	RIR WHEEL	NOT MEASURED - CDC ONLY
Ø3	LF WHEEL	NOT MEASURED - CDC ONLY
Ø4	LR WHEEL	NOT MEASURED - CDC ONLY
Ø5	7Øcm (27.6") RIGHT OF LEFT FRONT BUMPER CORNER	FULL FRONTAL

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage Width (CDC)	Direct Damage Max Crush	Field L	ALLED C_1	C_2	C_3	C_4	C_5	C_6	±D
Ø5	FRONT BUMPER	45.7	65.Ø	86.Ø	4.1	23.6	63.2	65.Ø	44.5	36.9	+15.5
	- FREE SPACE		Ø		7.6	5.1	Ø	Ø	5.1	7.6	
	- BUMPER		Ø		Ø	Ø	Ø	Ø	Ø	12.Ø	
	RESULTANT		65.Ø @C4		Ø	18.5	63.2	65.Ø	39.4	11.3	
Ø1-Ø4	WHEELS				NOT MEASURED - CDC ONLY						
				U.S.	EQUIVALENTS						
Ø5	FRONT BUMPER	18.Ø"	25.6"	33.9"	1.6"	9.3"	24.9"	25.6"	17.5"	12.2"	+6.1"
	- FREE SPACE		Ø		3.Ø"	2.Ø"	Ø	Ø	2.Ø"	3.Ø"	
	- BUMPER		Ø		Ø	Ø	Ø	Ø	Ø	4.7"	
	RESULTANT		25.6" @C4		Ø	7.3"	24.9"	25.6"	15.5"	4.5"	
Ø1-Ø4	WHEELS				NOT MEASURED - CDC ONLY						

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	106.0	inches	x 2.54	=	269	cm
Overall Length	188.4	inches	x 2.54	=	479	cm
Maximum Width	070.8	inches	x 2.54	=	180	cm
Curb Weight	03,049	pounds	x .4536	=	1,383	kg
Average Track	061.1	inches	x 2.54	=	155	cm
Front Overhang	038.6	inches	x 2.54	=	098	cm
Rear Overhang	043.8	inches	x 2.54	=	111	cm
Undeformed End Width	061.0	inches	x 2.54	=	155	cm
Engine Size: cyl./displ.	3000	cc	x .001	=	3.0	L
	183	CID	x .0164	=	3.0	L

VEHICLE DAMAGE SKETCH

TIRE–WHEEL DAMAGE

	a. Rotation physically restricted	b. Tire deflated
RF	1	2
LF	2	2
RR	2	2
LR	2	2

(1) Yes (2) No (8) NA (9) Unk.

TYPE OF TRANSMISSION

☐ Manual ☒ Automatic

ORIGINAL SPECIFICATIONS

Wheelbase	269	cm
Overall Length	479	cm
Maximum Width	180	cm
Curb Weight	1,383	kg
Average Track	155	cm
Front Overhang	98	cm
Rear Overhang	111	cm
Undeformed End Width	155	cm
Engine Size: cyl./displ.	V6/3.0	L

WHEEL STEER ANGLES

(For locked front wheels or displaced rear axles only)

RF ± 00 o
LF ± ___ o
RR ± ___ o
LR ± ___ o

Within ± 5 degrees

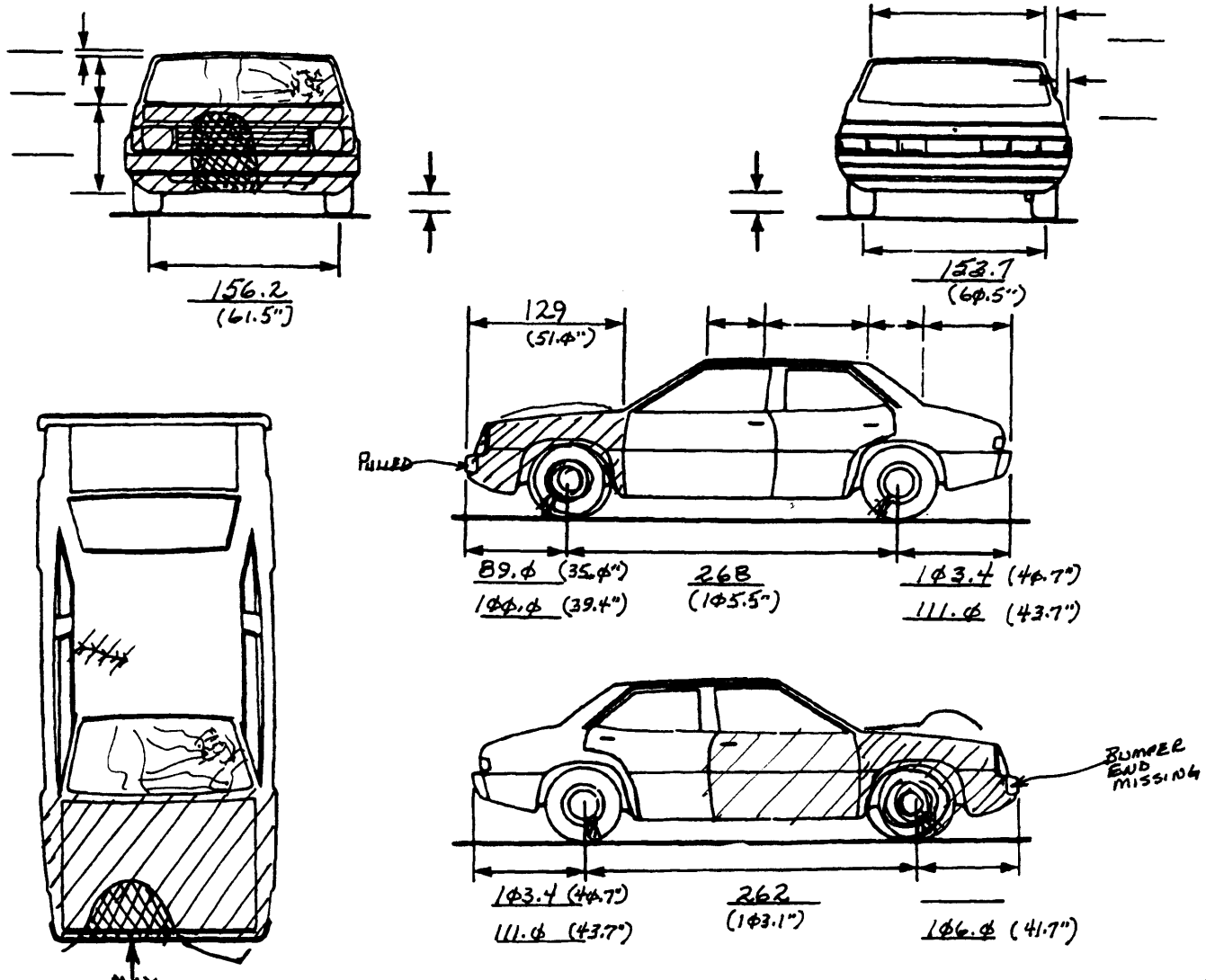
DRIVE WHEELS

☒ FWD ☐ RWD ☐ 4WD

Approximate Cargo Weight 0 kg

GAUGE STANDS AOL

MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

CDC WORKSHEET

CODES FOR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision
- (31) Overturn — rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify): _____
- (35) Noncollision injury
- (38) Other noncollision (specify): _____
- (39) Noncollision — details unknown

Collision With Fixed Object
- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment
- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post
- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)
- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail) (specify): _____
- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____
- (69) Unknown fixed object

Collision with Nonfixed Object
- (71) Motor vehicle not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance
- (75) Vehicle occupant
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify): _____
- (89) Unknown nonfixed object
- (98) Other event (specify): _____
- (99) Unknown event or object

DEFORMATION CLASSIFICATION BY EVENT NUMBER

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
01	63	000	00	F	R	W	N	03
02	63	000	00	F	R	W	N	09
03	63	000	00	F	L	W	N	03
04	63	000	00	F	L	W	N	09
05	52	355	00	F	Z	E	W	03

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. 05	5. 52	6. 12	7. F	8. Z	9. E	10. W	11. 03

Second Highest Delta "V"

12. 01	13. 63	14. 12	15. F	16. R	17. W	18. N	19. 03

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. L	21. C_1	C_2	C_3	C_4	C_5	C_6	22. ±D
155 (61")	000 (0)	019 (07")	063 (25")	065 (26")	039 (16")	011 (05")	⊕ − 016 (+06")

Second Highest Delta "V"

23. L	24. C_1	C_2	C_3	C_4	C_5	C_6	25. ±D
___	___	NOT MEASURED - CDC ONLY					+ − ___

26. Are CDCs Documented but Not Coded on The Automated File? 1
(0) No
(1) Yes

27. Researcher's Assessment of Vehicle Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

28. Original Wheelbase 269
Code to the nearest centimeter
(999) Unknown

106.0 inches X 2.54 = 269 centimeters

29. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? Ø
    (0) No post manufacturer modifications
    (1) Yes - post manufacturer modifications (specify): _____
    _____
    _____
    (Include photograph of CERTIFICATION PLACARD in case report)
    (9) Unknown if vehicle is modified

30. Fire Occurrence Ø
    (0) No fire

    Yes, fire occurred
    (1) Minor
    (2) Major
    (9) Unknown

31. Origin of Fire Ø
    (0) No fire
    (1) Vehicle exterior (front, side, back, top)
    (2) Exhaust system
    (3) Fuel tank (and other fuel retention system parts)
    (4) Engine compartment
    (5) Cargo/trunk compartment
    (6) Instrument panel
    (7) Passenger compartment area
    (8) Other location (specify):
    _____
    (9) Unknown

32. Type of Fuel Tank-1 1

33. Type of Fuel Tank-2 Ø
    (0) No fuel tank (electrical vehicle)
    (1) Metallic
    (2) Non-metallic
    (9) Unknown

34. Fuel Tank-1 Location 1

35. Fuel Tank-2 Location Ø
    (0) No fuel tank
    (1) Aft of center of the rear wheels (rear axle) centered
    (2) Aft of center of the rear wheels (rear axle) left side
    (3) Aft of center of the rear wheels (rear axle) right side
    (4) Forward of center of the rear wheels (rear axle) centered
    (5) Forward of center of the rear wheels (rear axle) left side
    (6) Forward of center of the rear wheels (rear axle) right side
    (7) Over center of the rear wheels (rear axle)
    (8) Other (specify):
    _____
    (9) Unknown

36. Fuel Tank-1 Filler Cap Location 3

37. Fuel Tank-2 Filler Cap Location Ø
    (0) No fuel tank
    (1) On back plane
    (2) Aft of center of the rear wheels (rear axle) on left side plane
    (3) Aft of center of the rear wheels (rear axle) on right side plane
    (4) Forward of center of the rear wheels (rear axle) on left side plane
    (5) Forward of center of the rear wheels (rear axle) on right side plane
    (6) Over the center of the rear wheels (rear axle) on left side plane
    (7) Over the center of the rear wheels (rear axle) on right side plane
    (8) Other (specify):_____
    (9) Unknown

38. Fuel Tank-1 Damage 1

39. Fuel Tank-2 Damage Ø
    (0) No fuel tank
    (1) No damage to fuel tank
    (2) Deformed, no seam failure
    (3) Deformed, with a seam failure
    (4) Punctured
    (5) Lacerated (ripped)
    (6) Abraded (scraped)
    (7) Filler neck separation from the fuel tank
    (8) Other damage (specify):
    _____
    (9) Unknown

40. Location of Fuel System-1 Leakage 1

41. Location of Fuel System-2 Leakage ϕ
(0) No fuel tank
(1) No fuel leakage

Primary Area Of Leakage
(2) Tank
(3) Filler neck
(4) Cap
(5) Lines/pump/filter
(6) Vent/emission recovery
(8) Other (specify): _____
(9) Unknown

42. Fuel Type-1 ϕ 1

43. Fuel Type-2 ϕ ϕ

Single Fuel Type
(00) No fuel tank
(01) Gasoline
(02) Diesel
(03) CNG (Compressed Natural Gas)
(04) LPG (Liquid Petroleum Gas) also known as Propane
(05) LNG (Liquid Natural Gas)
(06) Methanol (M100 or M85)
(07) Ethanol (E100 or E85)
(08) Other (Hydrogen or others) (specify): _____

Electric Powered or Electric/Solar Powered Vehicles
(10) Lead Acid Battery
(11) Nickel-Iron Battery
(12) Nickel-Cadmium Battery
(13) Sodium Metal Chloride Battery
(14) Sodium Sulfur Battery
(18) Other (Specify): _____

(98) Other Hybrid (specify): _____

(99) Unknown fuel type

44. Is This Vehicle Equipped With More Than Two Fuel Tanks? ϕ
(0) No (one or two tanks only)

Yes - More Than Two Tanks
(1) Yes -- no damage to any tank or filler cap and no fuel system leakage
(2) Yes -- no damage to any tank or filler cap but there is fuel system leakage (specify leakage location): _____
(3) Yes -- damage to an additional tank or filler cap and there is fuel system leakage (specify the following):
Type of tank _____
Tank location _____
Filler cap location _____
Tank damage _____
Location of leakage _____
Type of fuel _____
(9) Unknown if more than two tanks

COMMENTS

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS *** (I.E., GV09=0 OR 9 AND GV36=0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.

U.S. Department of Transportation

National Highway Traffic Safety Administration

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number ____

2. Case Number - Stratum DSI-94-AB-0001

3. Vehicle Number 01

INTEGRITY

4. Passenger Compartment Integrity 00

(00) No integrity loss

Yes, Integrity Was Lost Through
(01) Windshield
(02) Door (side)
(03) Door/hatch (back door)
(04) Roof
(05) Roof glass
(06) Side window
(07) Rear window (backlight)
(08) Roof and roof glass
(09) Windshield and door (side)
(10) Windshield and roof
(11) Side and rear window (side window and backlight)
(12) Windshield and side window
(13) Door and side window
(98) Other combination of above (specify): _____
(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 1 8. RR 1 9. TG/H 0

(0) No door/gate/hatch
(1) Door/gate/hatch remained closed and operational
(2) Door/gate/hatch came open during collision
(3) Door/gate/hatch jammed shut
(8) Other (specify): _____
(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision
(1) Door operational (no damage)
(2) Latch/striker failure due to damage
(3) Hinge failure due to damage
(4) Door structure failure due to damage
(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
(6) Latch/striker and hinge failure due to damage
(8) Other failure (specify): _____
(9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 2 16. LF 0 17. RF 0 18. LR 0 19. RR 0

20. BL 0 21. Roof 8 22. Other 0

(0) No glazing damage from impact forces
(2) Glazing in place and cracked from impact forces
(3) Glazing in place and holed from impact forces
(4) Glazing out-of-place (cracked or not) and not holed from impact forces
(5) Glazing out-of-place and holed from impact forces
(6) Glazing disintegrated from impact forces
(7) Glazing removed prior to accident
(8) No glazing
(9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 2 24. LF 0 25. RF 0 26. LR 0 27. RR 0

28. BL 0 29. Roof 0 30. Other 0

(0) No occupant contact to glazing or no glazing
(1) Glazing contacted by occupant but no glazing damage
(2) Glazing in place and cracked by occupant contact
(3) Glazing in place and holed by occupant contact
(4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
(5) Glazing out-of-place by occupant contact and holed by occupant contact
(6) Glazing disintegrated by occupant contact
(9) Unknown if contacted by occupant

If No Glazing Damage ***And*** No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As 0

Type of Window/Windshield Glazing

31. WS 1 32. LF 0 33. RF 0 34. LR 0 35. RR 0

36. BL 0 37. Roof 0 38. Other 0

(0) No glazing contact and no damage, or no glazing
(1) AS-1 — Laminated
(2) AS-2 — Tempered
(3) AS-3 — Tempered-tinted
(4) AS-14 — Glass/Plastic
(8) Other (specify): _____
(9) Unknown

Window Precrash Glazing Status

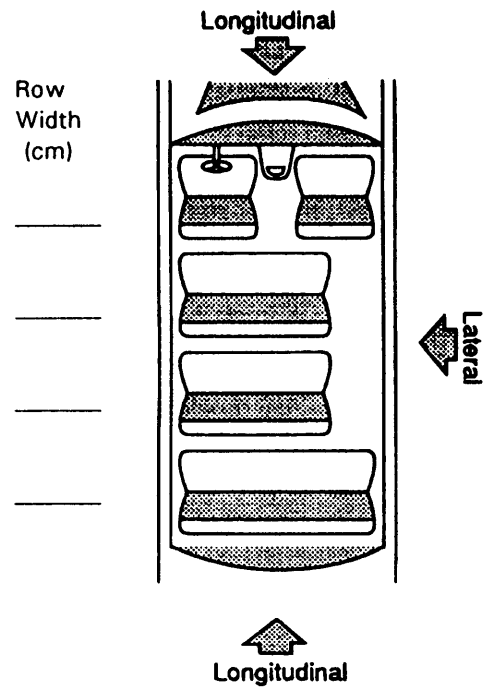
39. WS 1 40. LF 0 41. RF 0 42. LR 0 43. RR 0

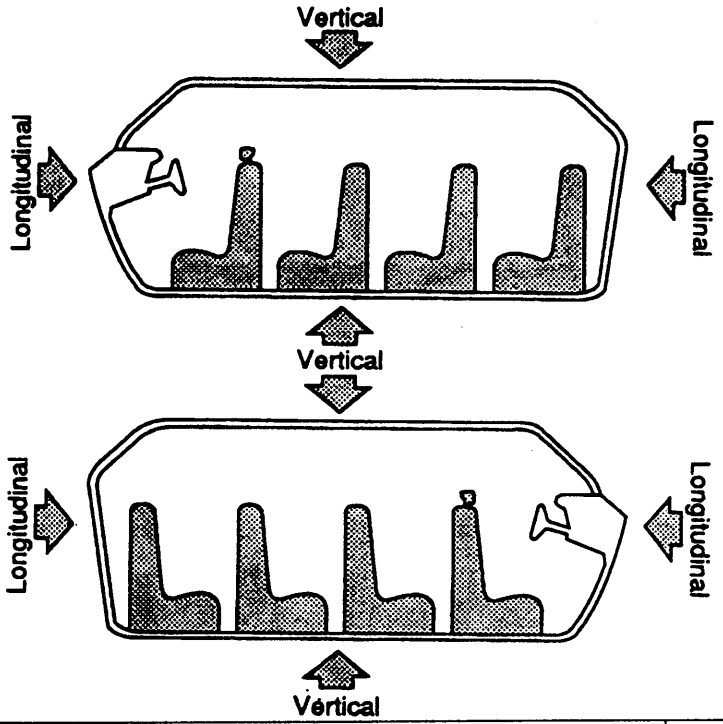
44. BL 0 45. Roof 0 46. Other 0

(0) No glazing contact and no damage, or no glazing
(1) Fixed
(2) Closed
(3) Partially opened
(4) Fully opened
(9) Unknown

INTRUSION WORKSHEET

Note: Sketch intruded areas





(All Measurements Are In Centimeters)

LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	—	INTRUDED VALUE	=	INTRUSION	DOMINANT CRUSH DIRECTION
			—		=		
			—		=		
			—		=		
			—		=		
			—		=		
			—		=		
			—		=		
			—		=		
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			—		=		
			—		=		
			—		=		
			—		=		
			—		=		

NO MEASUREABLE INTRUSION

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47.___ ___	48.___ ___	49.___	50.___
2nd	51.___ ___	52.___ ___	53.___	54.___
3rd	55.___ ___	56.___ ___	57.___	58.___
4th	59.___ ___	60.___ ___	61.___	62.___
5th	63.___ ___	64.___ ___	65.___	66.___
6th	67.___ ___	68.___ ___	69.___	70.___
7th	71.___ ___	72.___ ___	73.___	74.___
8th	75.___ ___	76.___ ___	77.___	78.___
9th	79.___ ___	80.___ ___	81.___	82.___
10th	83.___ ___	84.___ ___	85.___	86.___

LOCATION OF INTRUSION

Front Seat
- (11) Left
- (12) Middle
- (13) Right

Second Seat
- (21) Left
- (22) Middle
- (23) Right

Third Seat
- (31) Left
- (32) Middle
- (33) Right

Fourth Seat
- (41) Left
- (42) Middle
- (43) Right

- (97) Catastrophic
- (98) Other enclosed area (specify) _____
- (99) Unknown

INTRUDING COMPONENT

Interior Components
- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify): _____
- (27) Side panel - forward of the A (A2)-pillar
- (28) Side panel - rear of the A (A2)-pillar

Exterior Components
- (30) Hood
- (31) Outside surface of this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

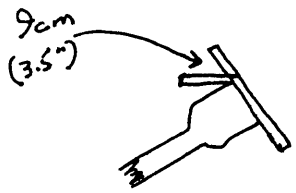
DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	—	DAMAGE VALUE	=	DEFORMATION
10.0 cm (3.9 in.)	—	1.0 cm (0.4 in.)	=	9 cm (3.5 in)
	—		=	
	—		=	
	—		=	



STEERING COLUMN

87. Steering Column Type — 2
(1) Fixed column
(2) Tilt column
(3) Telescoping column
(4) Tilt and telescoping column
(8) Other column type (specify): _____
(9) Unknown

88. Blank — X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

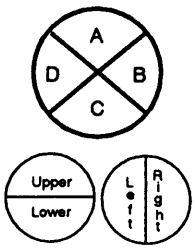
89. Blank — X X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

90. Blank — X X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

91. Blank — X X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

92. Steering Rim/Spoke Deformation — Ø 9
_____Code actual measured deformation to the nearest centimeter
(00) No steering rim deformation
(01-14) Actual measured value in centimeters
(15) 15 centimeters or more
(98) Observed deformation cannot be measured
(99) Unknown

93. Location of Steering Rim/Spoke Deformation — Ø 5



Quarter Sections
(01) Section A
(02) Section B
(03) Section C
(04) Section D

Half Sections
(05) Upper half of rim/spoke
(06) Lower half of rim/spoke
(07) Left half of rim/spoke
(08) Right half of rim/spoke

(09) Complete steering wheel collapse
(10) Undetermined location
(99) Unknown

INSTRUMENT PANEL

94. Odometer Reading — 1 Ø 9 ,000
_____kilometers—Code to the nearest 1,000 kilometers
(000) No odometer
(001) Less than 1,500 kilometers
(500) 499,500 kilometers or more
(999) Unknown

Ø 67. 8 4 6 miles X 1.6093 = 1 Ø 9. 1 8 5 kilometers

Source: [redacted]

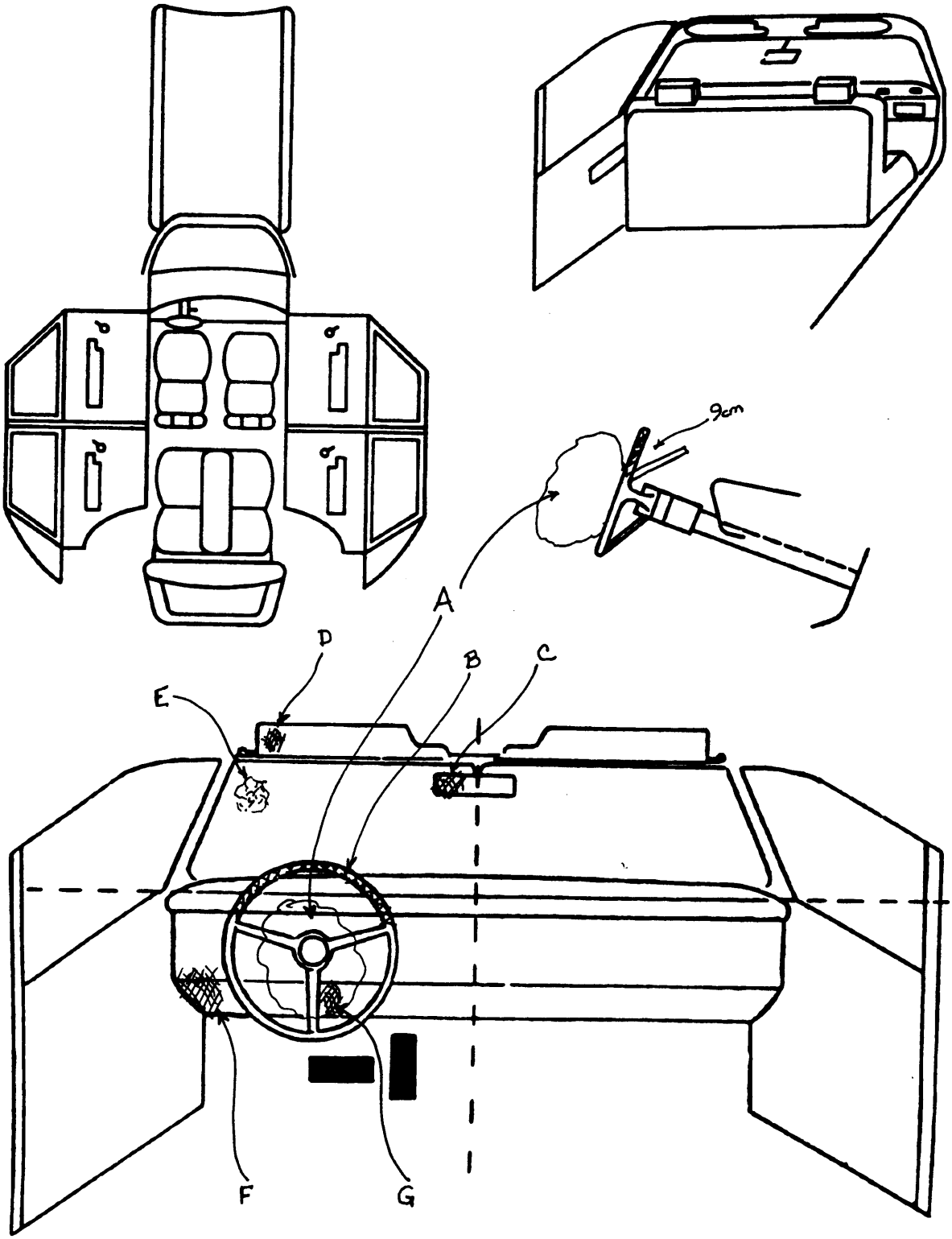
95. Instrument Panel Damage from Occupant Contact? — 1
(0) No
(1) Yes
(9) Unknown

96. Knee Bolsters Deformed from Occupant Contact? — 8
(0) No
(1) Yes
(8) Not present
(9) Unknown

97. Did Glove Compartment Door Open During Collision(s)? — 1
(0) No
(1) Yes
(8) Not present
(9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure.
Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.
Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	45	1	UPPER TORSO	AIR BAG DEPLOYED, SURROUNDING CONTACTS	1
B	04	1	R & L HANDS	DEFORMATION / ABRADED	1
C	02	1	R. HAND	BODY OIL / OUT OF PLACE	1
D	03	1	HEAD	HAIR / DEPRESSION	1
E	01	1	HEAD	HAIR / SPIDER WEB / BODY OIL	1
F	09	1	L. KNEE/LEG	DEFORMATION / BLOOD	1
G	09	1	R. KNEE/LEG	DEFORMATION / ABRADED	1
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT
- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify):_____
- (19) Other front object (specify):

LEFT SIDE
- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify):
- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify):
- (28) Left side window sill

RIGHT SIDE
- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify):
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B pillar, or roof side rail.
- (37) Other right side object (specify):
- (38) Right side window sill

INTERIOR
- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify):_____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify):
- (47) Interior loose objects
- (48) Child safety seat (specify):
- (49) Other interior object (specify):

ROOF
- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR
- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR
- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify):

CONFIDENCE LEVEL OF CONTACT POINT
- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Left	Right
FIRST	Availability/Function	1	ϕ
	Deployment	1	ϕ
	Failure	1	ϕ

Air Bag System Availability/Function
- (0) Not equipped/not available
- (1) Air bag

Non-functional
- (2) Air bag disconnected (specify): _____
- (3) Air bag not reinstalled
- (9) Unknown

Air Bag System Deployment
- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

Are There Indications of Air Bag System Failure?
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____
- (9) Unknown

AUTOMATIC BELTS

		Left	Right
FIRST	Availability/Function	ϕ	ϕ
	Use	ϕ	ϕ
	Type	ϕ	ϕ
	Proper Use	ϕ	ϕ
	Failure Modes	ϕ	ϕ

Automatic (Passive) Belt System Availability/Function
- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional
- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

Automatic (Passive) Belt System Use
- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)
- (3) Automatic belt use unknown
- (9) Unknown

Automatic (Passive) Belt System Type
- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

Proper Use of Automatic (Passive) Belt System
- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly
- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

Automatic (Passive) Belt Failure Modes During Accident
- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data **for each seat position** in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Ocupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
FIRST	Availability	4	3	4
	Evidence of usage	0 0	0 0	0 0
	Used in this crash?	0	0	0
	Proper Use	0	0	0
	Failure Modes	0	0	0
SECOND	Availability	4	3	4
	Evidence of usage	0 0	0 0	0 0
	Used in this crash?	0	0	0
	Proper Use	0	0	0
	Failure Modes	0	0	0
OTHER	Availability			
	Evidence of usage			
	Used in this crash?			
	Proper Use			
	Failure Modes			

Manual (Active) Belt System Availability
(0) None available
(1) Belt removed/destroyed
(2) Shoulder belt
(3) Lap belt
(4) Lap and shoulder belt
(5) Belt available - type unknown

Integral Belt Partially Destroyed
(6) Shoulder belt (lap belt destroyed/removed)
(7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown

Manual (Active) Belt System Use
(00) None used, not available, or belt removed/destroyed
(01) Inoperable (specify): _____
(02) Shoulder belt
(03) Lap belt
(04) Lap and shoulder belt
(05) Belt used - type unknown
(08) Other belt used (specify): _____
(12) Shoulder belt used with child safety seat
(13) Lap belt used with child safety seat
(14) Lap and shoulder belt used with child safety seat
(15) Belt used with child safety seat - type unknown
(18) Other belt used with child safety seat (specify): _____
(99) Unknown if belt used

Proper Use of Manual (Active) Belts
(0) None used or not available
(1) Belt used properly
(2) Belt used properly with child safety seat

Belt Used Improperly
(3) Shoulder belt worn under arm
(4) Shoulder belt worn behind back or seat
(5) Belt worn around more than one person
(6) Lap belt worn on abdomen
(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____
(8) Other improper use of manual belt system (specify): _____
(9) Unknown

Manual (Active) Belt Failure Modes During Accident
(0) No manual belt used or not available
(1) No manual belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify): _____
(6) Broken retractor
(7) Combination of above (specify): _____
(8) Other manual belt failure (specify): _____
(9) Unknown

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model		Specify Below for Each Child Safety Seat				

1. Type of Child Safety Seat

   (0) No child safety seat
   (1) Infant seat
   (2) Toddler seat
   (3) Convertible seat
   (4) Booster seat
   (7) Other type child safety seat (specify):

   _____
   (8) Unknown child safety seat type
   (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

   (00) No child safety seat

   Designed for Rear Facing for This Age/Weight
   (01) Rear facing
   (02) Forward facing
   (08) Other orientation (specify):

   _____
   (09) Unknown orientation

   Designed for Forward Facing for This Age/Weight
   (11) Rear facing
   (12) Forward facing
   (18) Other orientation (specify):

   _____
   (19) Unknown orientation

   Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight
   (21) Rear facing
   (22) Forward facing
   (28) Other orientation (specify):

   _____
   (29) Unknown orientation

   (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage
   Note: Options Below Are Used for Variables 3-5.

   (00) No child safety seat

   Not Designed with Harness/Shield/Tether
   (01) After market harness/shield/tether added, not used
   (02) After market harness/shield/tether used
   (03) Child safety seat used, but no after market harness/shield/tether added
   (09) Unknown if harness/shield/tether added or used

   Designed With Harness/Shield/Tether
   (11) Harness/shield/tether not used
   (12) Harness/shield/tether used
   (19) Unknown if harness/shield/tether used

   Unknown If Designed With Harness/Shield/Tether
   (21) Harness/shield/tether not used
   (22) Harness/shield/tether used
   (29) Unknown if harness/shield/tether used

   (99) Unknown if child safety seat used

6. Child Safety Seat Make/Model
   (Specify make/model and occupant number)

   _____

   _____

   _____

   _____

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for **each seat position** in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	Head Restraint Type/Damage	3	ϕ	3
	Seat Type	ϕ6	ϕ6	ϕ6
	Seat Performance	1	1	1
	Seat Orientation	1	1	1
SECOND	Head Restraint Type/Damage	1	ϕ	1
	Seat Type	ϕ3	ϕ3	ϕ3
	Seat Performance	1	6	6
	Seat Orientation	1	1	1
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

(0) No head restraints
(1) Integral — no damage
(2) Integral — damaged during accident
(3) Adjustable — no damage
(4) Adjustable — damaged during accident
(5) Add-on — no damage
(6) Add-on — damaged during accident
(8) Other Specify): _____
(9) Unknown

Seat Type (this Occupant Position)

(00) Occupant not seated or no seat
(01) Bucket
(02) Bucket with folding back
(03) Bench
(04) Bench with separate back cushions
(05) Bench with folding back(s)
(06) Split bench with separate back cushions
(07) Split bench with folding back(s)
(08) Pedestal (i.e., column supported)
(09) Other seat type (specify): _____
(10) Box mounted seat (i.e., van type)
(99) Unknown

Seat Performance (this Occupant Position)

(0) Occupant not seated or no seat
(1) No seat performance failure(s)
(2) Seat adjusters failed
(3) Seat back folding locks or "seat back" failed specify: _____
(4) Seat tracks/anchors failed
(5) Deformed by impact of occupant
(6) Deformed by passenger compartment intrusion (specify): SPARE TIRE - NOT SECURED IN TRUNK.
(7) Combination of above (specify): _____
(8) Other (specify): _____
(9) Unknown

Seat Orientation (this Occupant Position)

(0) Occupant not seated or no seat
(1) Forward facing seat
(2) Rear facing seat
(3) Side facing seat (inward)
(4) Side facing seat (outward)
(8) Other (specify): _____
(9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [X] Yes [ ]

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection
(1) Complete ejection
(2) Partial ejection
(3) Ejection, Unknown degree
(9) Unknown

Ejection Area
(1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear
(7) Roof
(8) Other area (e.g., back of pickup, etc.) (specify): _____
(9) Unknown

Ejection Medium
(1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify): _____
(5) Integral structure
(8) Other medium (specify): _____
(9) Unknown

Medium Status (Immediately Prior to Impact)
(1) Open
(2) Closed
(3) Integral structure
(9) Unknown

ENTRAPMENT No [X] Yes [ ]

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)

U.S. Department of Transportation

National Highway Traffic Safety Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number ____
2. Case Number - Stratum DSI-94-AB-0001
3. Vehicle Number 01
4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 58
Code actual age at time of accident.
(00) Less than one year old (specify by month): _____
(97) 97 years and older
(99) Unknown

6. Occupant's Sex 2
(1) Male
(2) Female
(9) Unknown

7. Occupant's Height 170
Code actual height to the nearest centimeter.
(999) Unknown

67 inches X 2.54 = 170 centimeters

8. Occupant's Weight 086
Code actual weight to the nearest kilogram.
(999) Unknown

190 pounds X .4536 = 086 kilograms

9. Occupant's Role 1
(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 11
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify): _____
(15) On or in the lap of another occupant

Second Seat
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify): _____
(25) On or in the lap of another occupant

Third Seat
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify): _____
(35) On or in the lap of another occupant

Fourth Seat
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify): _____
(45) On or in the lap of another occupant

(97) In or on unenclosed area
(98) Other seat (specify): _____
(99) Unknown

11. Occupant's Posture 0
(0) Normal posture

Abnormal posture
(1) Kneeling or standing on seat
(2) Lying on or across seat
(3) Kneeling, standing or sitting in front of seat
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window
(5) Sitting on a console
(6) Lying back in a reclined seat position
(7) Bracing with feet or hands on a surface in front of seat
(8) Other abnormal posture (specify): _____
(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection ___ϕ___
    (0) No ejection
    (1) Complete ejection
    (2) Partial ejection
    (3) Ejection, unknown degree
    (9) Unknown

13. Ejection Area ___ϕ___
    (0) No ejection
    (1) Windshield
    (2) Left front
    (3) Right front
    (4) Left rear
    (5) Right rear
    (6) Rear
    (7) Roof
    (8) Other area (e.g., back of pickup, etc.) (specify):_____
    (9) Unknown

14. Ejection Medium ___ϕ___
    (0) No ejection
    (1) Door/hatch/tailgate
    (2) Nonfixed roof structure
    (3) Fixed glazing
    (4) Nonfixed glazing (specify):
    _____
    (5) Integral structure
    (8) Other medium (specify):
    _____
    (9) Unknown

15. Medium Status (Immediately Prior To Impact) ___ϕ___
    (0) No ejection
    (1) Open
    (2) Closed
    (3) Integral structure
    (9) Unknown

16. Entrapment ___ϕ___
    (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)
    (0) Not entrapped
    (1) Entrapped
    (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability — 4
(0) None available
(1) Belt removed/destroyed
(2) Shoulder belt
(3) Lap belt
(4) Lap and shoulder belt
(5) Belt available—type unknown

Integral Belt Partially Destroyed
(6) Shoulder belt (lap belt destroyed/removed)
(7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____
(9) Unknown

18. Manual (Active) Belt System Use — Φ Φ
(00) None used, not available, or belt removed/destroyed
(01) Inoperative (specify): _____
(02) Shoulder belt
(03) Lap belt
(04) Lap and shoulder belt
(05) Belt used—type unknown
(08) Other belt used (specify): _____
(12) Shoulder belt used with child safety seat
(13) Lap belt used with child safety seat
(14) Lap and shoulder belt used with child safety seat
(15) Belt used with child safety seat—type unknown
(18) Other belt used with child safety seat (specify): _____
(99) Unknown if belt used

19. Proper Use of Manual (Active) Belts — Φ
(0) None used or not available
(1) Belt used properly
(2) Belt used properly with child safety seat

Belt Used Improperly
(3) Shoulder belt worn under arm
(4) Shoulder belt worn behind back or seat
(5) Belt worn around more than one person
(6) Lap belt worn on abdomen
(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____
(8) Other improper use of manual belt system (specify): _____
(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident — Φ
(0) No manual belt used
(1) No manual belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify): _____
(6) Broken retractor
(7) Combination of above (specify): _____
(8) Other manual belt failure (specify): _____
(9) Unknown

21. Air Bag System Availability/Function — 1
(0) Not equipped/not available
(1) Air bag

Non-functional
(2) Air bag disconnected (specify): _____
(3) Air bag not reinstalled
(9) Unknown

22. Air Bag System Deployment — 1
(0) Not equipped/not available
(1) Air bag deployed during accident (as a result of impact)
(2) Air bag deployed inadvertently just prior to accident
(3) Air bag deployed, accident sequence undetermined
(4) Nondeployed
(5) Unknown if deployed
(6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(9) Unknown

23. Are There Indications of Air Bag System Failure? — 1
(0) Not equipped/not available
(1) No
(2) Yes (specify): _____
(9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use — 7
(0) None used
(1) Police did not indicate restraint use
(2) Shoulder belt
(3) Lap belt
(4) Lap and shoulder belt
(5) Belt used, type not specified
(6) Child safety seat
(7) Other or automatic restraint (specify): AIR BAG
(8) Restrained, type unknown
(9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position — 3
    (0) No head restraints
    (1) Integral—no damage
    (2) Integral—damaged during accident
    (3) Adjustable—no damage
    (4) Adjustable—damaged during accident
    (5) Add-on—no damage
    (6) Add-on—damaged during accident
    (8) Other (specify): _____
    (9) Unknown

26. Seat Type (this Occupant Position) — 06
    (00) Occupant not seated or no seat
    (01) Bucket
    (02) Bucket with folding back
    (03) Bench
    (04) Bench with separate back cushions
    (05) Bench with folding back(s)
    (06) Split bench with separate back cushions
    (07) Split bench with folding back(s)
    (08) Pedestal (i.e., column supported)
    (09) Other seat type (specify): _____
    (10) Box mounted seat (i.e., van type)
    (99) Unknown

27. Seat Performance (this Occupant Position) — 1
    (0) Occupant not seated or no seat
    (1) No seat performance failure(s)
    (2) Seat adjusters failed
    (3) Seat back folding locks or "seat back" failed (specify): _____
    (4) Seat track/anchors failed
    (5) Deformed by impact of occupant
    (6) Deformed by passenger compartment intrusion (specify): _____
    (7) Combination of above (specify): _____
    (8) Other (specify): _____
    (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model ∅ ∅ ∅
(000) No child safety seat
Applicable codes are found in your NASS CDS Data Collection, Coding and Editing
(950) Built-in child safety seat
(997) Other make/model (specify):
_____
(998) Unknown make/model
(999) Unknown if child safety seat used

29. Type of Child Safety Seat ∅
(0) No child safety seat
(1) Infant seat
(2) Toddler seat
(3) Convertible seat
(4) Booster seat
(7) Other type child safety seat (specify):
_____
(8) Unknown child safety seat type
(9) Unknown if child safety seat used

30. Child Safety Seat Orientation ∅ ∅
(00) No child safety seat

Designed for Rear Facing for This Age/Weight
(01) Rear facing
(02) Forward facing
(08) Other orientation (specify):
_____
(09) Unknown orientation

Designed For Forward Facing for This Age/Weight
(11) Rear facing
(12) Forward facing
(18) Other orientation (specify):
_____
(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight
(21) Rear facing
(22) Forward facing
(28) Other orientation (specify):
_____
(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage ∅ ∅

32. Child Safety Seat Shield Usage ∅ ∅

33. Child Safety Seat Tether Usage ∅ ∅

Note: Options below applicable to Variables OA31-OA33.
(00) No child safety seat

Not Designed With Harness/Shield/Tether
(01) After market harness/shield/tether added, not used
(02) After market harness/shield/tether used
(03) Child safety seat used, but no after market harness/shield/tether added
(09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether
(11) Harness/shield/tether not used
(12) Harness/shield/tether used
(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether
(21) Harness/shield/tether not used
(22) Harness/shield/tether used
(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 3

(0) O - No injury
(1) C - Possible injury
(2) B - Nonincapacitating injury
(3) A - Incapacitating injury
(4) K - Killed
(5) U - Injury, severity unknown
(6) Died prior to accident
(9) Unknown

35. Treatment - Mortality 3

(0) No treatment
(1) Fatal
(2) Fatal - ruled disease (specify):

_____

Nonfatal
(3) Hospitalization
(4) Transported and released
(5) Treatment at scene - nontransported
(6) Treatment later
(8) Treatment - other (specify):

_____
(9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 1

(0) Not treated at a medical facility
(1) Trauma center
(2) Hospital
(3) Medical clinic
(4) Physician's office
(5) Treatment later at medical facility
(8) Other (specify):

_____
(9) Unknown

37. Hospital Stay 2 3

(00) Not Hospitalized
_____Code the number of days (up through 60) that the occupant stayed in hospital.
(61) 61 days or more
(99) Unknown

99. Case Occupant 1

(0) Not Case Occupant
(1) This is the Case Occupant
(2) This is the Case Occupant in another case

38. Working Days Lost 6 1

_____Code the number of days (up through 60) that the occupant lost from work due to the accident
(00) No working days lost
(61) 61 days or more
(62) Fatally injured
(97) Not working prior to accident
(99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7

VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER

39. Time to Death ϕ ϕ

_____Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 +n up through 30 days = 60)
(00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

40. 1st Medically Reported Cause of Death ϕ ϕ

41. 2nd Medically Reported Cause of Death ϕ ϕ

42. 3rd Medically Reported Cause of Death ϕ ϕ

_____Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
(00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

_____
(97) Other result (includes fatal ruled disease) (specify):

_____
(99) Unknown

43. Number of Recorded Injuries for This Occupant ϕ 9

_____Code the actual number of injuries recorded for this occupant.
(00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/ Function — ϕ
(0) Not equipped/not available
(1) 2 point automatic belts
(2) 3 point automatic belts
(3) Automatic belts - type unknown

Non-functional
(4) Automatic belts destroyed or rendered inoperative
(9) Unknown

45. Automatic (Passive) Belt System Use — ϕ
(0) Not equipped/not available/destroyed or rendered inoperative
(1) Automatic belt in use
(2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
_____
(3) Automatic belt use unknown
(9) Unknown

46. Automatic (Passive) Belt System Type — ϕ
(0) Not equipped/not available
(1) Non-motorized system
(2) Motorized system
(9) Unknown

47. Proper Use of Automatic (Passive) Belt System — ϕ
(0) Not equipped/not available/not used
(1) Automatic belt used properly
(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly
(3) Automatic shoulder belt worn under arm
(4) Automatic shoulder belt worn behind back
(5) Automatic belt worn around more than one person
(6) Lap portion of automatic belt worn on abdomen
(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
_____
(8) Other improper use of automatic belt system (specify):_____
(9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident — ϕ
(0) Not equipped/not available/not in use
(1) No automatic belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify):
_____
(6) Broken retractor
(7) Combination of above (specify):
(8) Other automatic belt failure (specify):
_____
(9) Unknown

49. Seat Orientation (this Occupant Position) — 1
(0) Occupant not seated or no seat
(1) Forward facing seat
(2) Rear facing seat
(3) Side facing seat (inward)
(4) Side facing seat (outward)
(8) Other (specify):
_____
(9) Unknown

Check the Primary Source Used In Determining Belt Use.

[ ] Not equipped/not available/destroyed or rendered inoperative
[X] Vehicle inspection
[ ] Official injury data
[ ] Driver/occupant interview
[ ] Other (specify):
_____
[ ] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION? NO [X] YES [ ]

UPDATE CANDIDATE? NO [X] YES [ ]

STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score (at Medical Facility) 1 5
    (00) Not injured
    (01) Injured - not treated at medical facility
    (02) No GCS Score at medical facility
    (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
    (97) Injured, details unknown
    (99) Unknown if injured

51. Was the Occupant Given Blood? 9
    (1) No - blood not given
    (2) Yes - blood given
    (specify units):_____
    (9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO_3 ϕ 1
    (00) Not injured
    (01) Injured, ABGs not measured or reported
    (02-50) Code the actual value of theHCO_3
    (96) ABGs reported , HCO_3 unknown
    (97) Injured, details unknown
    (99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination 1
    (0) Not equipped/not available/destroyed or rendered inoperative
    (1) Vehicle inspection
    (2) Official injury data
    (3) Driver/occupant interview
    (8) Other (specify):_____
    (9) Unknown if belt used

U.S. Department of Transportation

Form Approved
O.M.B. No. 2127-0021

National Highway Traffic Safety Administration

OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number ____
2. Case Number - Stratum DSI-94-AB-0001
3. Vehicle Number 01
4. Occupant Number 01

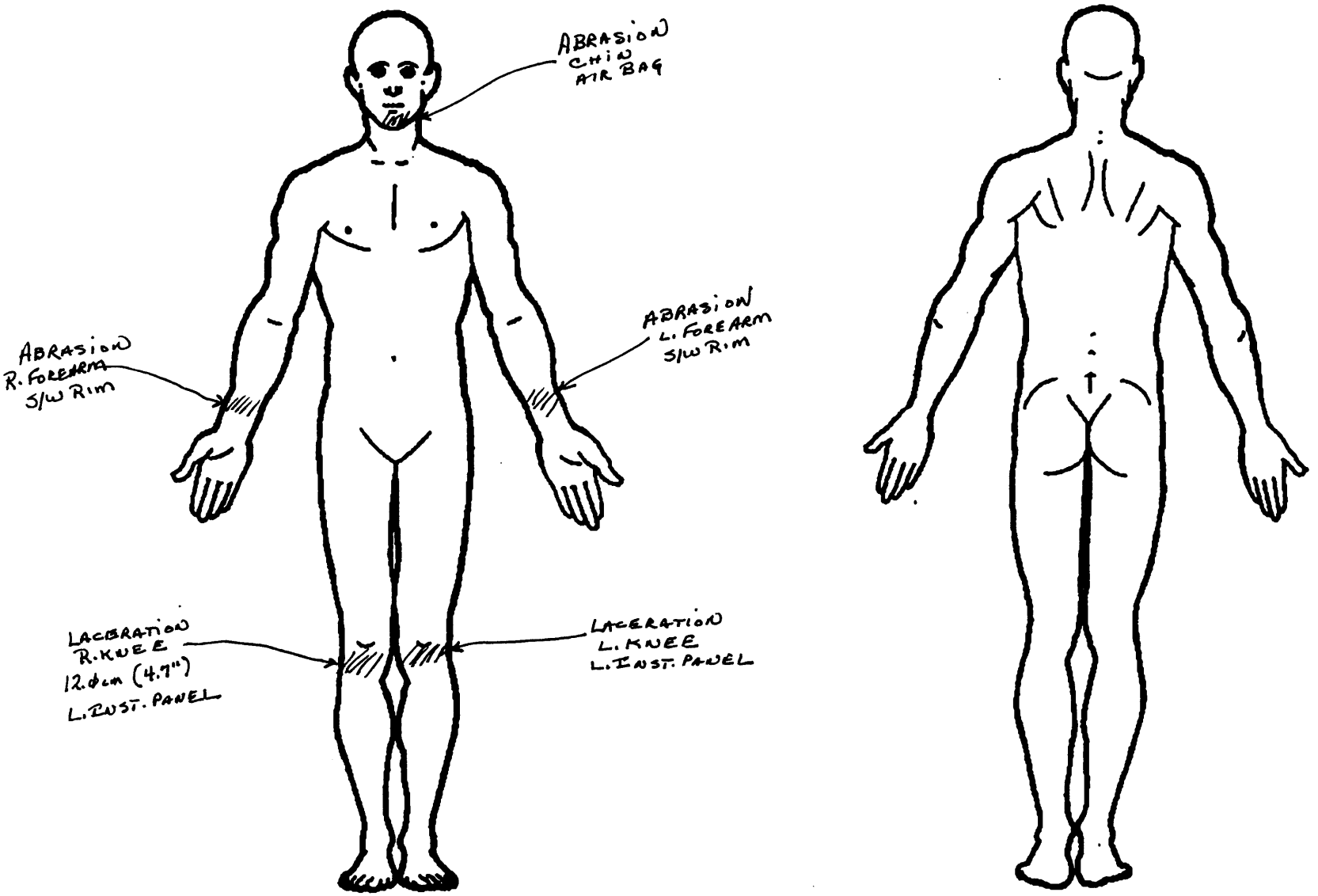
INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	A.I.S. - 90 Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	ICD-
1st	5. 2	6. 8	7. 5	8. 1 8	9. 1 2	10. 3	11. 2	12. 0 9	13. 1	14. 2	15. 0 0	824.0
2nd	16. 2	17. 8	18. 5	19. 3 4	20. 0 6	21. 2	22. 2	23. 0 9	24. 1	25. 1	26. 0 0	823.0
3rd	27. 2	28. 8	29. 5	30. 1 6	31. 1 2	32. 2	33. 1	34. 5 9	35. 1	36. 2	37. 0 0	824.
4th	38. 2	39. 8	40. 5	41. 3 2	42. 0 0	43. 2	44. 1	45. 5 9	46. 1	47. 2	48. 0 0	825.3
5th	49. 2	50. 8	51. 9	52. 0 6	53. 0 2	54. 1	55. 1	56. 0 9	57. 1	58. 1	59. 0 0	891.0
6th	60. 2	61. 8	62. 9	63. 0 6	64. 0 2	65. 1	66. 2	67. 0 9	68. 1	69. 1	70. 0 0	891.0
7th	71. 2	72. 2	73. 9	74. 0 2	75. 0 2	76. 1	77. 8	78. 4 5	79. 1	80. 1	81. 0 0	910.9
8th	82. 2	83. 7	84. 9	85. 0 2	86. 0 2	87. 1	88. 1	89. 0 4	90. 1	91. 1	92. 0 0	913.0
9th	93. 2	94. 7	95. 9	96. 0 2	97. 0 2	98. 1	99. 2	100. 0 4	101. 1	102. 1	103. 0 0	913.0
10th	104. ___	105. ___	106. ___	107. ___	108. ___	109. ___	110. ___	111. ___	112. ___	113. ___	114. ___	

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA

OFFICIAL
(1) Autopsy records with or without hospital/ medical records
(2) Hospital/medical records other than emergency room (e.g., discharge summary)
(3) Emergency room records only (including associated X-rays or other lab reports)
(4) Private physician, walk-in or emergency clinic

UNOFFICIAL
(5) Lay coroner report
(6) E.M.S. personnel
(7) Interviewee
(8) Other source (specify):

(9) Police

INJURY SOURCE

FRONT
(01) Windshield
(02) Mirror
(03) Sunvisor
(04) Steering wheel rim
(05) Steering wheel hub/spoke
(06) Steering wheel (combination of codes 04 and 05)
(07) Steering column, transmission selector lever, other attachment
(08) Add on equipment (e.g., CB, tape deck, air conditioner)
(09) Left instrument panel and below
(10) Center instrument panel and below
(11) Right instrument panel and below
(12) Glove compartment door
(13) Knee bolster
(14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
(15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
(16) Driver side air bag compartment cover
(17) Passenger side air bag compartment cover
(18) Windshield reinforced by exterior object (specify):
(19) Other front object (specify):

LEFT SIDE
(20) Left side interior surface, excluding hardware or armrests
(21) Left side hardware or armrest
(22) Left A (A1/A2)-pillar
(23) Left B-pillar
(24) Other left pillar (specify):
(25) Left side window glass or frame
(26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
(27) Other left side object (specify):
(28) Left side window sill

RIGHT SIDE
(30) Right side interior surface, excluding hardware or armrests
(31) Right side hardware or armrest
(32) Right A (A1/A2)-pillar
(33) Right B-pillar
(34) Other right pillar (specify):
(35) Right side window glass or frame
(36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
(37) Other right side object (specify):
(38) Right side window sill

INTERIOR
(40) Seat, back support
(41) Belt restraint webbing/buckle
(42) Belt restraint B-pillar or door frame attachment point
(43) Other restraint system component (specify):
(44) Head restraint system
(45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
(46) Other occupants (specify):
(47) Interior loose objects
(48) Child safety seat (specify):
(49) Other interior object (specify):

ROOF
(50) Front header
(51) Rear header
(52) Roof left side rail
(53) Roof right side rail
(54) Roof or convertible top

FLOOR
(56) Floor (including toe pan)
(57) Floor or console mounted transmission lever, including console
(58) Parking brake handle
(59) Foot controls including parking brake

REAR
(60) Backlight (rear window)
(61) Backlight storage rack, door, etc.
(62) Other rear object (specify):

EXTERIOR of OCCUPANT'S VEHICLE
(65) Hood
(66) Outside hardware (e.g., outside mirror, antenna)
(67) Other exterior surface or tires (specify):
(68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE
(70) Front bumper
(71) Hood edge
(72) Other front of vehicle (specify):
(73) Hood
(74) Hood ornament
(75) Windshield, roof rail, A-pillar
(76) Side surface
(77) Side mirrors
(78) Other side protrusions (specify)
(79) Rear surface
(80) Undercarriage
(81) Tires and wheels
(82) Other exterior of other motor vehicle (specify):
(83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT
(84) Ground
(85) Other vehicle or object (specify)
(86) Unknown vehicle or object

NONCONTACT INJURY
(90) Fire in vehicle
(91) Flying glass
(92) Other noncontact injury source (specify):
(93) Air bag exhaust gases
(97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

(1) Certain
(2) Probable
(3) Possible
(9) Unknown

DIRECT/INDIRECT INJURY

(1) Direct contact injury
(2) Indirect contact injury
(3) Noncontact injury
(7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

Body Region

(1) Head
(2) Face
(3) Neck
(4) Thorax
(5) Abdomen
(6) Spine
(7) Upper Extremity
(8) Lower Extremity
(9) Unspecified

Type of Anatomic Structure

(1) Whole Area
(2) Vessels
(3) Nerves
(4) Organs (includes muscles/ ligaments)
(5) Skeletal (includes joints)
(6) Head - LOC
(9) Skin

Specific Anatomic Structure

Whole Area
(02) Skin - Abrasion
(04) Skin - Contusion
(06) Skin - Laceration
(08) Skin - Avulsion
(10) Amputation
(20) Burn
(30) Crush
(40) Degloving
(50) Injury - NFS
(90) Trauma, other than mechanical

Head - LOC
(02) Length of LOC
(04, 06, 08) Level of Consciousness
(10) Concussion

Spine
(02) Cervical
(04) Thoracic
(06) Lumbar

Vessels, Nerves, Organs, Bones, Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

Abbreviated Injury Scale

(1) Minor injury
(2) Moderate injury
(3) Serious injury
(4) Severe injury
(5) Critical injury
(6) Maximum (untreatable)
(7) Injured, unknown severity

Aspect

(1) Right
(2) Left
(3) Bilateral
(4) Central
(5) Anterior
(6) Posterior
(7) Superior
(8) Inferior
(9) Unknown
(0) Whole region

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

__ No

X Yes

Blood Alcohol Level (mg/dl)

BAL = ϕ

Glasgow Coma Scale Score

GCSS = 15

Units of Blood Given

Units = 99

Arterial Blood Gases

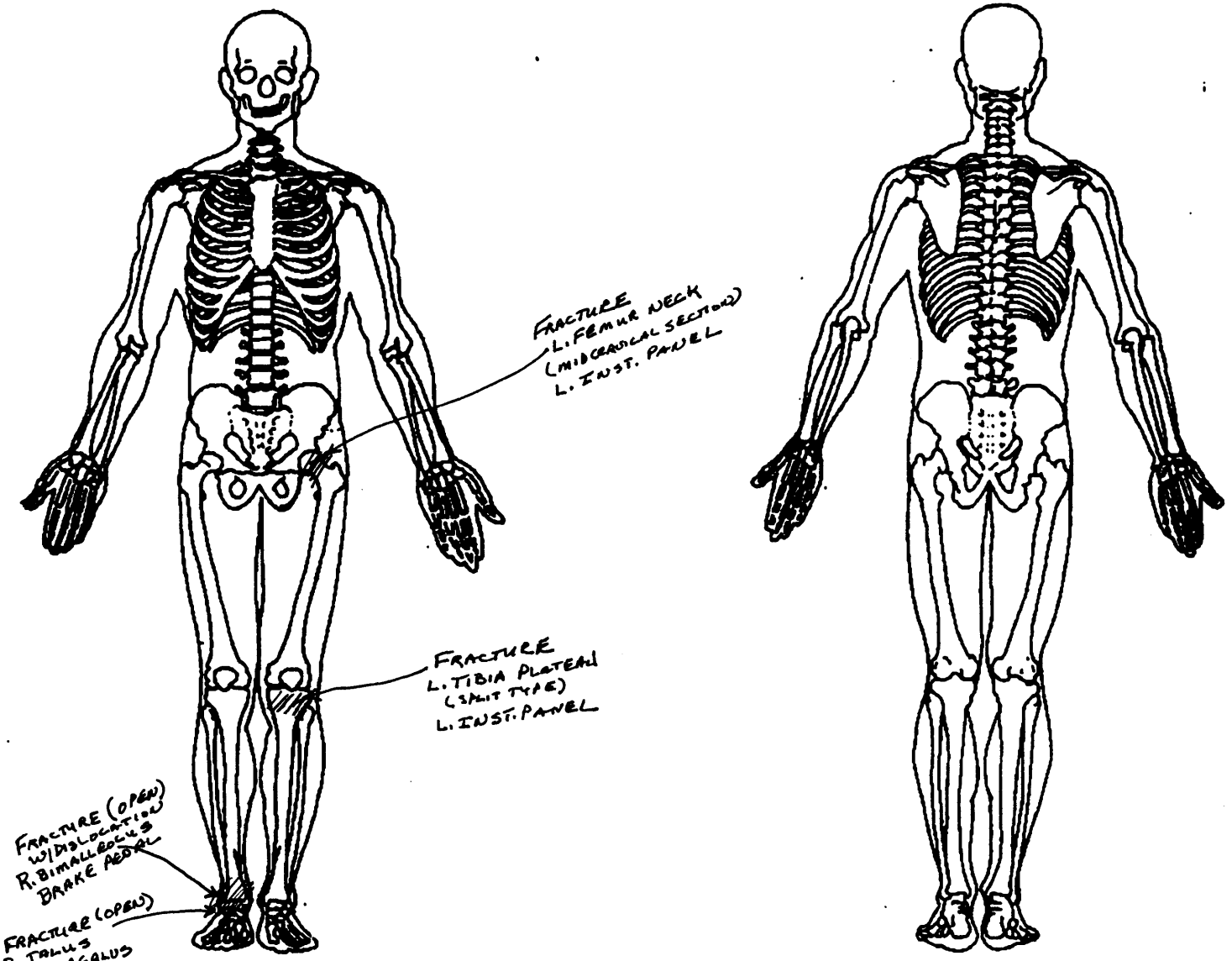
pH = _

PO_2 = ϕ

PCO_2 = _

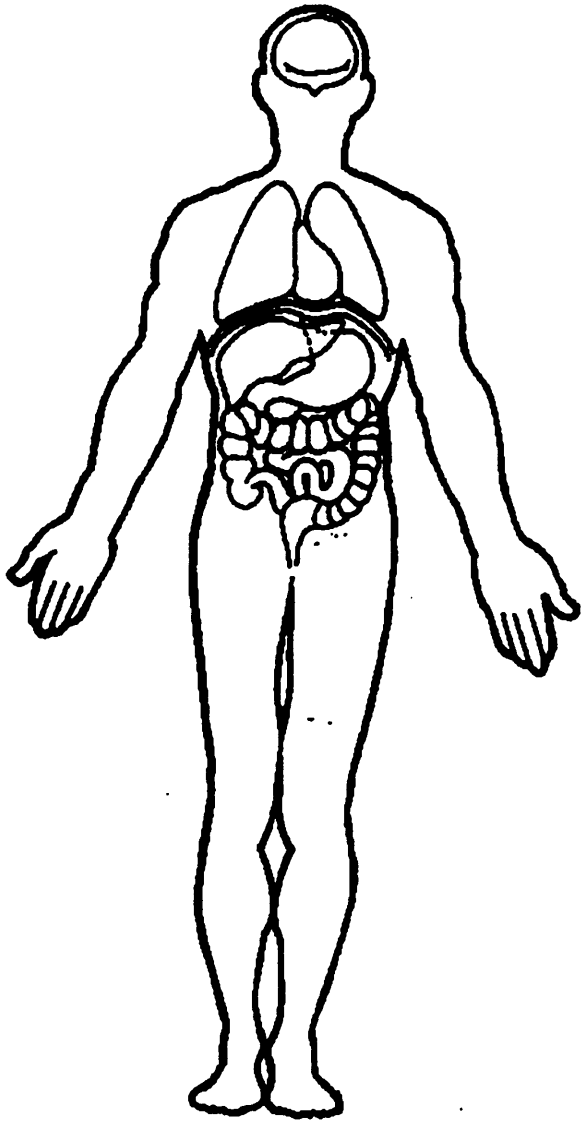
HCO_2 = _

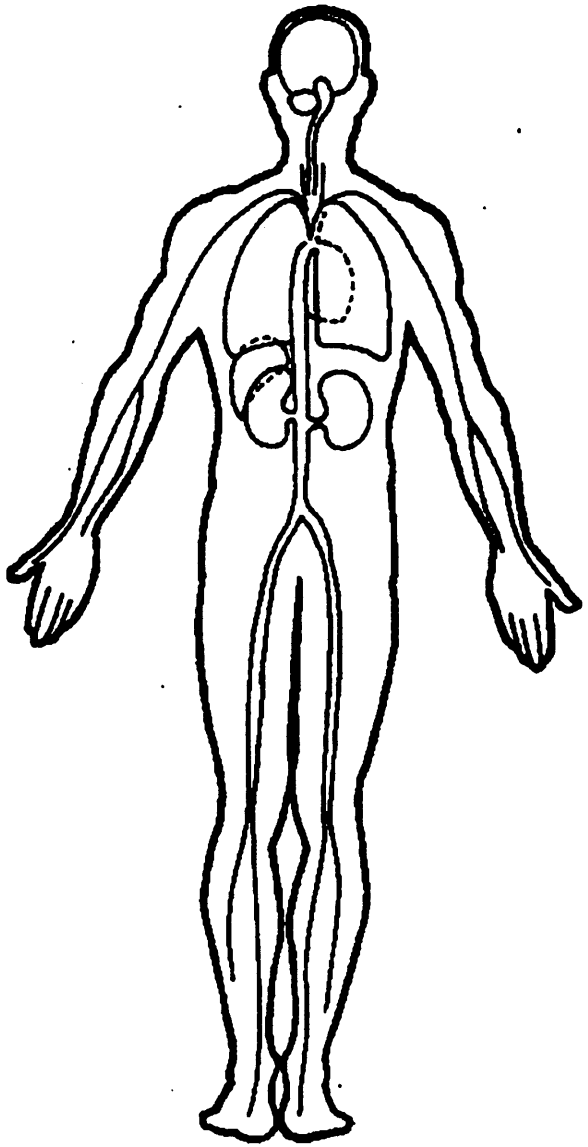
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





U.S. Department of Transportation
National Highway Traffic Safety Administration

CRASHPC PROGRAM SUMMARY

(All Measurements In Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title

Primary Sampling Unit	Case No.-Stratum	Accident Event Sequence No.	Date (Month, day, year) of Run
	DSI-94-AB-0001	01	[redacted] 94

CRASHPC Vehicle Identification

	Year	Make	Model	NASS Veh. No.
Vehicle 1	1991	FORD	TAURUS LX	01
Vehicle 2				

GENERAL INFORMATION

	VEHICLE 1	VEHICLE 2
Size	3	11
Weight	1383 (Curb) + 86 (Occupant(s)) + 0 (Cargo) = 1469 kg	____ (Curb) + ____ (Occupant(s)) + ____ (Cargo) = ____ kg
CDC	12FZEW3	
PDOF (-180 to +180)	-005°	±___°
Stiffness	3	

SCENE INFORMATION

Rest and Impact Positions [ ] No, *Go To Damage Information* [ ] Yes

		VEHICLE 1	VEHICLE 2
Rest Position	X	____.___ m	____.___ m
	Y	____.___ m	____.___ m
	PSI	___°	___°
Impact Position	X	____.___ m	____.___ m
	Y	____.___ m	____.___ m
	PSI	___°	___.___°
Slip Angle(-180 to +180)		___°	___°

VEHICLE MOTION

Sustained Contact [ ] No [ ] Yes

	VEHICLE 1	VEHICLE 2
Skidding (Rotation)	[ ] No [ ] Yes	[ ] No [ ] Yes
Skidding Stop Before Rest	[ ] No [ ] Yes	[ ] No [ ] Yes
End of Rotation Position X	____.___ m	____.___ m
Y	____.___ m	____.___ m
PSI	___°	___°
Curved Path	[ ] No [ ] Yes	[ ] No [ ] Yes
Point on Path X	____.___ m	____.___ m
Y	____.___ m	____.___ m
Rotation Direction	[ ] None [ ] CW [ ] CCW	[ ] None [ ] CW [ ] CCW
Rotation >360°	[ ] No [ ] Yes	[ ] No [ ] Yes

National Accident Sampling System-Crashworthiness Data System: CRASHPC Program Summary

FRICTION INFORMATION

Coefficient of Friction . ___ ___ ___

Rolling Resistance Option ___

Vehicle 1 Rolling Resistance

LF ___ . ___ ___ RF ___ . ___ ___

LR ___ . ___ ___ RR ___ . ___ ___

Vehicle 2 Rolling Resistance

LF ___ . ___ ___ RF ___ . ___ ___

LR ___ . ___ ___ RR ___ . ___ ___

TRAJECTORY INFORMATION

Trajectory Data [ ] No [ ] Yes

If No, Go To Damage Information

Vehicle 1 Steer Angles

LF ___ ___ ___ ° RF ___ ___ ___ °

LR ___ ___ ___ ° RR ___ ___ ___ °

Vehicle 2 Steer Angles

LF ___ ___ ___ ° RF ___ ___ ___ °

LR ___ ___ ___ ° RR ___ ___ ___ °

Terrain Boundary [ ] No [ ] Yes

First Point

X ___ ___ ___ . ___ m Y ___ ___ ___ . ___ m

Second Point

X ___ ___ ___ . ___ m Y ___ ___ ___ . ___ m

Secondary Coefficient of Friction . ___ ___ ___

DAMAGE INFORMATION

	VEHICLE 1		VEHICLE 2	
Damage Length	L	155 cm	L	___ ___ ___ cm
Crush Depths	C_1	ϕ ϕ ϕ cm	C_1	___ ___ ___ cm
	C_2	ϕ 1 9 cm	C_2	___ ___ ___ cm
	C_3	ϕ 6 3 cm	C_3	___ ___ ___ cm
	C_4	ϕ 6 5 cm	C_4	___ ___ ___ cm
	C_5	ϕ 3 9 cm	C_5	___ ___ ___ cm
	C_6	ϕ 1 1 cm	C_6	___ ___ ___ cm
Damage Offset	D	⊕ ϕ 1 6 cm	D	± ___ ___ ___ cm

IF THIS COMMON IMPACT WAS WITH A MOTOR VEHICLE *NOT IN TRANSPORT,* FILL IN THE INFORMATION BELOW.

Model Year: _____

Make: _____

Model: _____

VIN: _____

The Weight, CDC, Scene Data and Damage Information for this vehicle should be recorded above.

Complete and ATTACH the appropriate vehicle damage sketch and dimensions to the Form.

DSI-94-AB-001

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

CRASH3 RECONSTRUCTION

SPEED CHANGE (DAMAGE)		TOTAL(KPH)	LONG.(KPH)	LAT.(KPH)	ANG.(DEG)
	VEH #1	39.8	-39.6	3.5	-5.0
	VEH #2	.0	.0	.0	.0

ENERGY DISSIPATED BY DAMAGE VEH#1: 97083.3 JOULES VEH#2: .0 JOULES

SUMMARY OF DAMAGE DATA (* INDICATES DEFAULT VALUE)

VEHICLE # 1			VEHICLE # 2		
TYPE	CATEGORY 3		TYPE	CATEGORY 11	
STIFFNESS	CATEGORY 3		STIFFNESS	CATEGORY 0	
WEIGHT	1469.2 KGS		WEIGHT	453600.0 KGS	*
CDC	12FZEW3		CDC	BARRIER	
L	154.9 CM.		L	.0 CM.	*
C1	.0 CM.		C1	.0 CM.	*
C2	18.5 CM.		C2	.0 CM.	*
C3	63.2 CM.		C3	.0 CM.	*
C4	65.0 CM.		C4	.0 CM.	*
C5	39.4 CM.		C5	.0 CM.	*
C6	11.4 CM.		C6	.0 CM.	*
D	15.5 CM.		D	.0 CM.	*
RHO	1.00	*	RHO	1.00	*
ANG	-5.0 DEG.		ANG	.0 DEG.	*
D'	22.7 CM.		D'	.0 CM.	

DIMENSIONS AND INERTIAL PROPERTIES

A1	=	130.3	CM.	A2	=	127.0	CM.
B1	=	141.0	CM.	B2	=	127.0	CM.
TR1	=	149.6	CM.	TR2	=	127.0	CM.
I1	=	316272.3	NEWT-SEC**2-CM	I2	=	**********	NEWT-SEC**2-CM
M1	=	14.748	NEWT-SEC**2/CM	M2	=	4553.302	NEWT-SEC**2/CM
XF1	=	228.1	CM.	XF2	=	127.0	CM.
XR1	=	-270.3	CM.	XR2	=	-127.0	CM.
YS1	=	92.2	CM.	YS2	=	127.0	CM.

DSI-94-AB-001

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

CRASH3 RECONSTRUCTION

SPEED CHANGE (DAMAGE)		TOTAL(MPH)	LONG.(MPH)	LAT.(MPH)	ANG.(DEG)
	VEH #1	24.7	-24.6	2.2	-5.0
	VEH #2	.0	.0	.0	.0

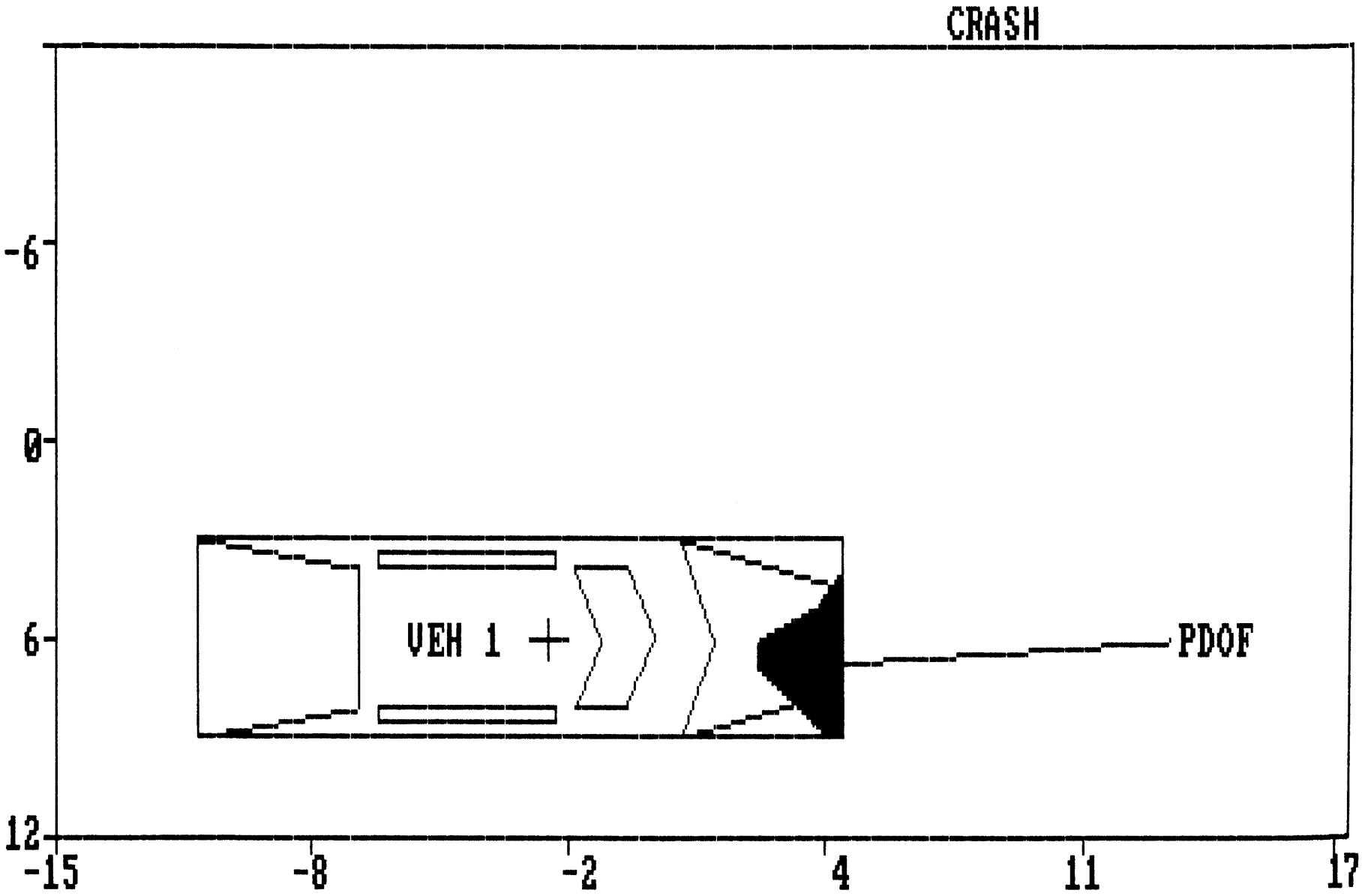
ENERGY DISSIPATED BY DAMAGE VEH#1: 71595.4 FT-LB VEH#2: .0 FT-LB

SUMMARY OF DAMAGE DATA (* INDICATES DEFAULT VALUE)

VEHICLE # 1			VEHICLE # 2		
TYPE--------CATEGORY	3		TYPE--------CATEGORY	11	
STIFFNESS---CATEGORY	3		STIFFNESS---CATEGORY	0	
WEIGHT------	3239.0 LBS.		WEIGHT------	1000000.0 LBS.	*
CDC---------12FZEW3			CDC---------BARRIER		
L----------	61.0 IN.		L----------	.0 IN.	*
C1---------	.0 IN.		C1---------	.0 IN.	*
C2---------	7.3 IN.		C2---------	.0 IN.	*
C3---------	24.9 IN.		C3---------	.0 IN.	*
C4---------	25.6 IN.		C4---------	.0 IN.	*
C5---------	15.5 IN.		C5---------	.0 IN.	*
C6---------	4.5 IN.		C6---------	.0 IN.	*
D----------	6.1		D----------	.0	*
RHO--------	1.00	*	RHO--------	1.00	*
ANG--------	-5.0 DEG.		ANG--------	.0 DEG.	*
D'---------	8.9 IN.		D'---------	.0 IN.	

DIMENSIONS AND INERTIAL PROPERTIES

A1	=	51.3	IN.	A2	=	50.0	IN.
B1	=	55.5	IN.	B2	=	50.0	IN.
TR1	=	58.9	IN.	TR2	=	50.0	IN.
I1	=	27993.9	LB-SEC**2-IN	I2	=	2600104000.0	LB-SEC**2-IN
M1	=	8.422	LB-SEC**2/IN	M2	=	2600.104	LB-SEC**2/IN
XF1	=	89.8	IN.	XF2	=	50.0	IN.
XR1	=	-106.4	IN.	XR2	=	-50.0	IN.
YS1	=	36.3	IN.	YS2	=	50.0	IN.



DAMAGE DESCRIPTION

AIRBAG SUPPLEMENT

ACCIDENT SUMMARY

1. Accident Date: WINTER, 1994

2. Police Investigated [1]
   (1) Yes
   (2) No
   (3) Unknown

   Agency: [redacted]
   City:
   County:

3. General Locality [2]
   (1) Freeway, Limited Access
   (2) Urban (City)
   (3) Urban-Rural (mixed)
   (4) Rural, Fields

4. Configuration (First Harm) [0]
   (0) Struck Object or Ped
   (1) Rear-End
   (2) Head-On
   (3) Rear-to-Rear
   (4) Angle
   (5) Sideswipe-Same Direction
   (6) Sideswipe-Opposite Dir.
   (7) Noncollision
   (8) Nonimpact Deployment
   (9) Unknown

5. Fire Involved [0]
   (0) None
   (1) Airbag Vehicle
   (2) Other Vehicle
   (3) Both Vehicles
   (9) Unknown

6. Vehicles Involved [1]

7. Persons Involved [1]

8. Injured Persons [1]

9. Maximum AIS in Accident [3]

AIRBAG VEHICLE INSPECTION

10. Date Vehicle Inspected: [redacted]

11. Reason Vehicle Not Inspected [1]
   (0) Not Required
   (1) Inspection Completed
   (2) Cannot be Located
   (3) Repaired or Destroyed
   (5) Refusal or Impounded
   (7) Other:

12. Impact Data Obtained [4]
   (0) No Data Obtained
   (1) CDC Only
   (2) Crush Profile Only
   (3) Trajectory Data Only
   (4) CDC and Crush Profile
   (5) CDC and Trajectory
   (6) Crush and Trajectory
   (7) CDC, Crush, and Trajectory

13. Basis of Delta-V [1]
   (0) Not Computed (Unknown why)
   (1) CRASH - Damage Only
   (2) CRASH - Damage + Traj
   (3) OLDMISS
   (4) POLES
   (5) Unknown Basis
   (6) One Vehicle Beyond Scope
   (7) Collision Beyond Scope
   (8) Insufficient Data

VEHICLE HISTORY

14. Prior Impacts for AB Vehicle? [2]
   (1) Yes
   (2) No
   (9) Unknown

15. Has Any Prior Maintenance or Service Been Performed on System [2]
   (1) Yes
   (2) No
   (9) Unknown

   Describe:

AIRBAG VEHICLE

Fleet: NONE
VIN: 1FACP5345MA xxxxxx
Mileage: 109,185 km (67,846 mi)

SYSTEM READINESS LAMP

16. Pre-Impact Lamp Condition [9]
(1) Functioning/Proved Out
(2) Inoperative
(9) Unknown

17. Driver's Report of Pre-Impact Flashing [ØØ]
(00) No Flashing Reported
(01) Continuous Flashing
(02)
Number of Flashes: ____
(11)
(12) Constant Light
(19) Flashing, Unknown Number
(88) Not Applicable, System Removed
(99) Unknown

18. Period of Pre-Impact Flashing [Ø]
(0) No Flashing
(1) Same Day as Impact
(2) Prior Day
(3) Prior Two Days
(4) Prior Week
(5) Prior Month
(6) Over One Month
(9) Unknown

19. Post-Impact Lamp Condition [2]
(1) Functioning/Proved Out
(2) Inoperative
(9) Unknown

20. Post-Impact Flashing [ØØ]
(00) No Flashing Reported
(01) Continuous Flashing
(02)
Number of Flashes: ____
(11)
(12) Constant Light
(19) Flashing, Unknown Number
(88) Not Applicable, System Removed
(99) Unknown

21. Airbag Vehicle First Harmful Event [32]
(01) Fire or explosion
(02) Immersion
(03) Gas Inhalation
(04) Fell from vehicle
(05) Injured in vehicle
(06) Other noncollision (specify):
(07) Overturn
(08) Jackknife
COLLISION WITH:
(09) Pedestrian
(10) Pedalcyclist
(11) Railway train
(12) Animal
(13) Motor vehicle in transport (same roadway)
(14) Motor vehicle in transport (other roadway)
(15) Parked motor vehicle
(16) Other type nonmotorist (specify):
(17) Thrown or falling object
(18) Boulder
COLLISION WITH FIXED OBJECT
(20) Building
(21) Impact attenuator/crash cushion
(22) Bridge pier or abutment
(23) Bridge parapet end
(24) Bridge rail
(25) Guardrail
(26) Concrete traffic barrier
(27) Median barrier
(28) Other longitudinal barrier (specify):
(29) Highway/traffic sign post
(30) Overhead sign support
(31) Luminaire/light support
(32) Utility pole
(33) Other post, pole, or support
(34) Culvert
(35) Curb
(36) Ditch
(37) Embankment-earth
(38) Embankment-rock, stone, or concrete
(39) Fence
(40) Wall
(41) Fire hydrant
(42) Shrubbery
(43) Tree
(44) Other fixed object (specify):
(45) Pavement surface irregularity
(99) Unknown

AIRBAG VEHICLE IMPACT SUMMARY

22. Vehicle Role [1]
(0) Noncollision
(1) Striking unit
(2) Struck unit
(3) Both striking and struck
(9) Unknown

23. Manner of Leaving Scene [2]
(1) Driven
(2) Towed-due to damage
(3) Towed-not for damage
(4) Towed-details unknown
(5) Abandoned
(9) Unknown

24. Number of Impact Events [1]
(8) 8 or more
(9) Unknown

25. Rollover [0]
(0) No rollover
(1) First event
(2) Subsequent event
(3) Yes, Unknown event
(9) Unknown

26. Override/Underride [0]
(0) No override/underride
(1) Override - 1st CDC
(2) Override - Other CDC
(3) Underride - 1st CDC
(4) Underride - Other CDC
(9) Unknown

AIRBAG VEHICLE DAMAGE
CODES: (1) Yes, damaged
(2) No damage
(9) Unknown

27. Left Front Fender Damage [1]

28. Right Front Fender Damage [1]

29. Center Top of Grille Damage [1]

FRONT BUMPER E.A. STATUS

30. Left [2]

31. Right [3]

(1) Normal
(2) Extended
(3) Partial Compression
(4) Complete Compression
(5) Not Applicable
(9) Unknown

FIRST AIRBAG VEHICLE IMPACT:

32. Configuration [0]
(0) Struck Object or Ped
(1) Rear-End
(2) Head-On
(3) Rear-to-Rear
(4) Angle
(5) Sideswipe-Same Direction
(6) Sideswipe-Opposite Dir.
(7) Noncollision
(8) Nonimpact Deployment
(9) Unknown

33. CDC: 12FZEW3

34. Object Contacted: 45.7cm (18.0") UTILITY POLE

PRIMARY/DEPLOYMENT IMPACT:

35. Event Number [1]

36. Total Delta-V (25mph) [40] KPH

37. Longitudinal Delta-V (-25mph) [-40] KPH

38. Configuration [0]
See 32 above for codes

39. CDC: 12FZEW3

40. Object Contacted: 45.7cm (18.0in) UTILITY POLE

AIRBAG SYSTEM DAMAGE

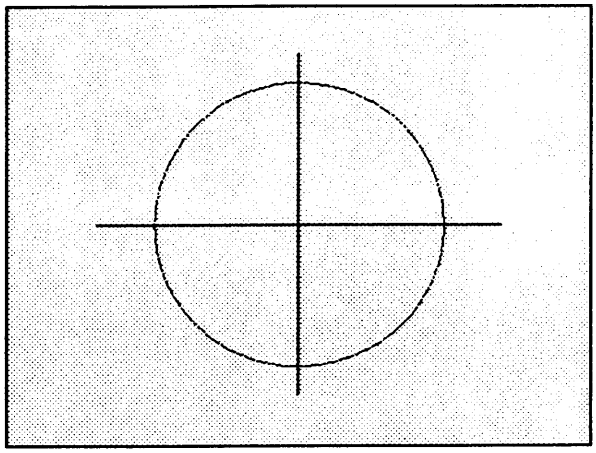
CODES: (1) Yes, Damaged
(2) No, Intact
(3) Not Applicable
(9) Unknown

41.	Airbag Module	2
42.	Left Front Sensor	2
43.	Center Front Sensor	1
44.	Right Front Sensor	2
45.	Rear Cowl Sensor	3
46.	Diagnostic Module	2
47.	Wiring	2
48.	Knee Diverter	3
49.	Indication of disconnected or loose electrical connectors	2
50.	Condition of Deployed Bag (1) Bag intact (2) Split or torn (3) Cut by object in impact (4) Cut after accident (5) Other (8) NA (not deployed) (9) Unknown	1

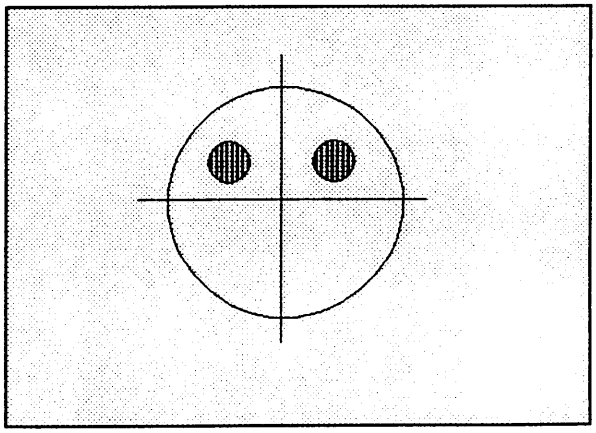
DESCRIBE SYSTEM AND BAG DAMAGE:

NOTE DAMAGE AND CONTACT MARKS ON AIRBAG DIAGRAMS BELOW: NONE OBSERVED

FRONT



BACK



OCCUPANTS OF AIRBAG CAR

51. Number of Occupants in Vehicle [1]

52. Number of Injured Persons [1]

53. Maximum AIS in Airbag Vehicle [3]
(0) No Injury
(1-6) AIS Severity
(7) Injured, unknown severity
(9) Unknown

DRIVER

Age: 58

Sex: FEMALE

54. Number of Driver Injuries [9]

55. Source of Best Injury Data [2]
(0) Not injured
(1) Autopsy
(2) Hospital Medical Records
(3) Emergency Room only
(4) Private physician, clinic
(5) Lay Coroner Report
(6) EMS Personnel
(7) Interviewee
(8) Police
(9) Unknown

MAXIMUM AIS BY BODY REGION

REGION	MAX AIS	CONTACT
Head/Neck/Face	1	45
Chest		
Abdomen		
Legs/Hips	3	89
Other (Arms)	1	84
Driver Maximum	3	89

EJECTION – NONE

Extent: N/A

Portal: N/A

OTHER VEHICLE: FIXED OBJECT - UTILITY POLE

Maximum AIS ____

Prime/Deploy Impact w AB Vehicle Event Number ____

CDC:

Total Delta V ____

Make:

Model Year:

Model:

Body Type:

NOTES:

AIRBAG SUPPLEMENT

DRIVER BELT USAGE: (1) Used (2) Not Used (9) Unknown 2

Evidence:

DRIVER POSTURE: Any comments Recorded (1) Yes, (2) No 1

Describe driver's posture and position on seat including specific comments on head, torso, buttocks, legs, and feet. Also note hand and arm position. Did driver brace before crash? Describe: DRIVER WAS SITTING IN A NORMAL, UPRIGHT SEATED POSITION WITH HER HANDS ON THE STEERING WHEEL RIM AT THE 10:00 AND 2:00 O'CLOCK POSITIONS, AT IMPACT SHE LOCKED HER ARM JOINTS AND BRACED USING THE STEERING WHEEL RIM. SHE ALSO BRACED HER LEFT FOOT ON THE FLOOR/TOE PAN AND HER RIGHT FOOT ON THE BRAKE PEDAL.

DRIVER FOREIGN OBJECTS: Comments Recorded (1) Yes, (2) No 2

Was driver wearing contact lenses or eyeglasses? Or holding any foreign object at the time of the impact (packages on lap, pipe, food, bottle, cigarette, etc.)? Did any lenses, objects, or jewelery play any role?:

DRIVER COMMENTS: Comments Recorded (1) Yes, (2) No 2

Was the driver aware that the vehicle was equipped with a supplemental restraint system? Did driver offer any comments on smoke, noise, etc.? Did the driver comment on the airbag as a restraint system? Describe:
DRIVER DID NOT RECALL EVENTS IMMEDIATELY AFTER THE COLLISION

PASSENGER-AIRBAG CONTACT: (1) Yes, (2) No, (9) Unknown 2

Describe:

Motor Vehicle Accident Report

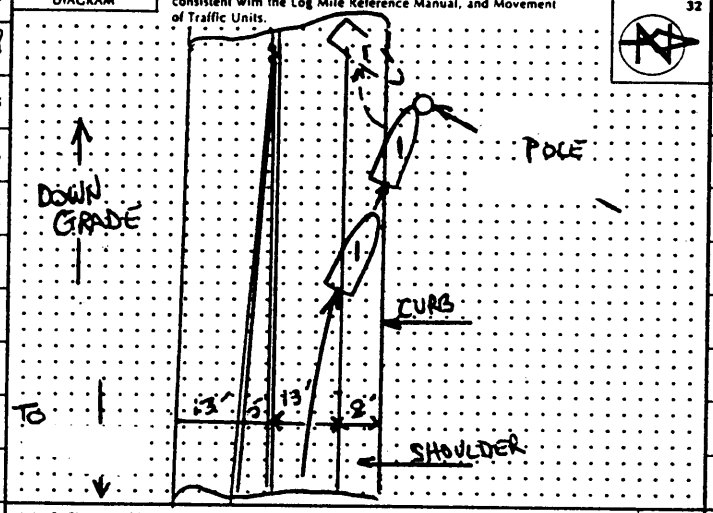
REPORT NO. 1 | PAGE OF 12 | ACCIDENT DATE 3 94 | ACCIDENT TIME 4 | REPORT TYPE 5 ☐ FATAL ☐ INJURY ☐ PDO ☐ HIT & RUN ☐ NON-TRAFFIC | RESEARCH 6 00 | LOCATION SKETCH | LOCATION PHOTOS | PHOTOS

INVESTIGATING OFFICER ID | AGENCY AND AREA 11 | ENGR ID 12 | REVIEWER ID # 13 | CODE – AND – NAME OF MUNICIPALITY 14 00 | COUNTY

RD CHAR 03 | RTE NUM Accident Occurred On 17 | ROAD NAME 18 | IN LANE 19 W 0 | TRAF SIG 20 ☒ NO ☐ YES | ON RAMP 21 ☒ NO ☐ YES | Ramp Number (Direction) 0–Not Ramp 1 N–W 2 W–N 3 E–N 4 N–E 5 S–E 6 E–S 7 W–S 8 S–W 9 Other 22 0 | IN INTERSECTION 23 ☒ NO ☐ YES

RD COND 01 | INT-RTE 25 | INTERSECTING ROAD NAME or Log Mile Reference Manual description. 26 | MILEPT 27 | DIR 28 W | Dist. of Acc fr INT-RTE/Ref. & Dir. 29 ☐ Ft ☐ Mi E

RD DIV 01 | ACCIDENT DIAGRAM | Show & Label: Roads, Traffic Units, the Travel Direction consistent with the Log Mile Reference Manual, and Movement of Traffic Units. 31 | NORTH: 32



SRF COND 04 | C/M ZONE 34 ☒ NO ☐ YES | JUNCTN 36 01 | EVENT-1 37 09 | EVENT-2 38 09 | FIX OBJ 39 08 | COLL TY 40 1 | LIGHT 41 02 | WEATHER 42 01

DESCRIBE ACCIDENT briefly: identify units by numbers. Also identify the following a) the OBJECT DAMAGED & NATURE OF DAMAGE (Property other than vehicles) and b) the NAME & ADDRESS OF OWNER when applicable. 33

VEH #1 WAS TRAVELING W/B ON A TOWARDS . VEH #1 THEN STARTED SLIDING ON AN ICE COVERED ROAD-WAY, WEST OF . , STRIKING A CURB ON THE N/SIDE OF THEN A POLE, VEH #1 THEN SPUN IN A CLOCKWISE MOTION COMING TO REST PARTIALLY BLOCKING THE W/BOUND LA OF A, – (CONTINUED) –

UNIT # 01

NAME (First, Middle, Last) 44 | SEX 45 02

ADDRESS (No., Street, City, State, Zip) | TEL ☐ Work ☐ Res WK. 47 | INJ 48 04 | EMS 49 A

TYPE OF UNIT 46 ☒ DRIVER ☐ "PED"

MOVEMENT 50	CONDITN 51 01	SUBST 52 01	TEST 53 00	RESULT 54 .00	FOR PEDS ONLY	AGE 55	TYPE 56	LOCAT'N 57	OBEY 58	VISIBL 59
01	01	01	00	.00		0				

SPEED LIMIT 60	SAF. EQU 61	EQ PROB 62	EJECT 63	CITATION NUMBER (S) 64	FAULT 65 ☐ NO ☒ YES
30	31	01	01		

GOING 66 04 | DRIVER'S LICENSE NUMBER 67 | STATE 68 | CLASS 69 C

CONTINU 70 04 | DR DATE OF BIRTH 71 35 | IRREGULAR CONDITION 72 ☐ PARKED ☐ CAUGHT FIRE ☐ HIT & RUN ☐ DRIVERLESS | HM SPILL 73 ☒ N ☐ Y | HAZ MAT NUMBER 74 00

BODY TY 75 02 | COMMER. VEHICLE ONLY | U. S. DOT NUMBER 76 00 | ICC NUMBER 77 00 | BODY TY 78 00 | CDL? 79 ☒ NO ☐ YES

MOST HE 80 09 | OWNER OR CARRIER NAME (Write "SAME" if Driver) | TEL ☐ Work ☐ Res 81

CONTRIB CIRCUM-STANCES 82-1 62 | OWNER / CARRIER ADDRESS 83 SAME | TOWED VEH (S) 84 00

82-2 21 | YEAR & MAKE OF VEHICLE 85 91 FORD | MODEL 86 TAURUS 4S | 1st IMPACT PT. 87 02 | MAIN IMPACT 88 02

82-3 00 | EXP YR & REGISTR # STATE 94 | AREAS DAMAGED 01 02 17 | INSURER 91

82-4 00 | VEHICLE ID NUMBER 92 1FACP53U6MA | POLICY NUMBER 93

DAM EXT 94 04 | VEHICLE REMOVED BY 95 | VEHICLE REMOVED TO 96

UNIT # 02

NAME (First, Middle, Last) 44 | SEX 45

TYPE OF UNIT 46 ☐ DRIVER ☐ "PED"

ADDRESS (No., Street, City, State, Zip) | TEL ☐ Work ☐ Res 47 | INJ 48 | EMS 49

MOVEMENT 50	CONDITN 51	SUBST 52	TEST 53	RESULT 54	FOR PEDS ONLY	AGE 55	TYPE 56	LOCAT'N 57	OBEY 58	VISIBL 59
						0				

SPEED LIMIT 60	SAF. EQU 61	EQ PROB 62	EJECT 63	CITATION NUMBER (S) 64	FAULT 65 ☐ NO ☐ YES

GOING 66 | DRIVER'S LICENSE NUMBER 67 | STATE 68 | CLASS 69

CONTINU 70 | DR DATE OF BIRTH 71 | IRREGULAR CONDITION 72 ☐ PARKED ☐ CAUGHT FIRE ☐ HIT & RUN ☐ DRIVERLESS | HM SPILL 73 ☐ N ☐ Y | HAZ MAT NUMBER 74

BODY TY 75 | COMMER. VEHICLE ONLY | U. S. DOT NUMBER 76 | ICC NUMBER 77 | BODY TY 78 | CDL? 79 ☐ NO ☐ YES

MOST HE 80 | OWNER OR CARRIER NAME (Write "SAME" if Driver) | TEL ☐ Work ☐ Res 81

CONTRIB CIRCUM-STANCES 82-1 | OWNER / CARRIER ADDRESS 83 | TOWED VEH (S) 84

82-2 | YEAR & MAKE OF VEHICLE 85 | MODEL 86 | 1st IMPACT PT. 87 | MAIN IMPACT 88

82-3 | EXP YR & REGISTR # STATE 89 | AREAS DAMAGED 90 | INSURER 91

82-4 | VEHICLE ID NUMBER 92 | POLICY NUMBER 93

DAM EXT 94 | VEHICLE REMOVED BY 95 | VEHICLE REMOVED TO 96

TRAFFIC UNIT # 97	SEATING POSITION 98	CODE all injured & uninjured PASSENGERS below. Use "W" for witness in TRAF UNIT and SEAT columns. WRITE NAME & ADDRESS of Injured Passengers and Witnesses. Wtness telephone #. 99	SEX 100	AGE 101	SAFETY EQUIP 102	EQUIP PROB. 103	INJUR SEVER 104	EJEC-TION 105	EMS UNIT 106
				0					
				0					
		00		0		00			
				0					
				0					
				0					

E UNIT M S A 107 | INJURED TAKEN BY: | INJURED TAKEN TO: 109 | EMS RUN REPORT # 110

E UNIT M S B 107 | INJURED TAKEN BY: 108 | INJURED TAKEN TO: 109 | EMS RUN REPORT # 110

BEST AVAILABLE COPY

POLICE DEPARTMENT · **SUPPLEMENT**

1s DIV. | 2s. PC. | 3s. C.C. NUMBER

4s. OFFENSE/INCIDENT: Auto Accid | 5s. VICTIM/FIRM NAME (LAST, FIRST, MIDDLE) | 6s. DATE-ORIGINAL REPORT

7s SUPPLEMENT STATUS: CON'T. ☒ FOLLOW-UP ☐ | 8s. IF MULTIPLE CLEARANCE, LIST C.C. NUMBERS

NARRATIVE: DO NOT REPEAT RESULTS OF PRELIMINARY INVESTIGATION. CLARIFY DATA, SCREENING FACTORS, PROBABLE CAUSE, ETC. ENTER ANY ADDITIONAL INFORMATION. DO NOT SUMMARIZE UNLESS NECESSARY.

9s PAGE NO. 2

10s ARREST DATA — NAME (LAST, FIRST, MIDDLE) D.O.B. / BCI NUMBER, ARREST NUMBER, MISC. INFO.

11s BLOCK NO.	12s
	W/OF
	#33-(CONTINUED)-
	THE UNDERSIGNED OBSERVED THE ROADWAY TO BE EXTREMELY ICEY DUE TO THE LOW TEMPERATURE.
	VEH. 1 LEFT 27' OF SKID MARKS PRIOR TO STRIKING THE N/CURB OF _____ THEN CONTINUED FOR ANOTHER 28' IN A NORTH WEST DIRECTION STRIKING A UTILITY POLE.
	THE FIRST POI WAS [redacted] W/OF THE W/CURB OF _____ AND THE N/CURB OF _____. THE 2ND POI WAS AN ADDITIONAL [redacted] W/OF THAT LOCATION AND 7' N/OF THE N/CURB OF _____
	THE HILL CREST STARTED ON A DOWN GRADE JUST EAST _____
	THE UNDERSIGNED HAS CONTACTED THE VEHICLE OPERATORS HUSBAND AND TRANSPORTED HIM TO _____

SCREENING FACTORS REVISED TOTAL	13s	A	B	C	D	E	F
	INITIAL						
	REVISED						

14s CASE CONTINUANCE: —

16s TOTAL FACTORS: 0

15s. CASE STATUS: OPEN ☐ EX. CLEAR ☐ SUSP. ☐ CLOSED ☒

29s. C.C. NUMBER

17s. Distribution: Cent. Rec. ____ Juv. ____ etective ____ Intel ____ ther ____

18s. INVESTIGATING OFFICER | I.D. | 19s APPROVAL | 20s. DATE

21s. REPORT REVIEW | 22s. REPORTING AREA | 23s. REC'D - CENT. REC. | 24s. TELETYPE NUMBER